

Selected Lessons from Rights, Respect, Responsibility Tailored to Align with the California Healthy Youth Act

Middle School

- Lesson 1 Blue is for Boys, Pink is for Girls
- Lesson 2 Sexual Orientation, Behavior and Identity
- Lesson 3 Everybody's Got Body Parts
- Lesson 4 Reproduction Basics
- Lesson 5 STI Smarts
- Lesson 6 HIV & AIDS (Written exclusively for CA)
- Lesson 7 Birth Control Basics
- Lesson 8 What If?
- Lesson 9 Warning Signs
- Lesson 10 Making SMART Choices
- Lesson 11 Let's Talk about Sex

High School

- Lesson 1 Understanding Gender
- Lesson 2 Sexual Decision-Making
- Lesson 3 Rights Respect Responsibility
- Lesson 4 Planning and Protection
- Lesson 5 Getting Savvy about STI testing
- Lesson 6 HIV Now – Testing and Treatment (Written exclusively for CA)
- Lesson 7 Know Your Options
- Lesson 8 Using Condoms Effectively
- Lesson 9 What Are My Reproductive Rights
- Lesson 10 Is It Abuse If?
- Lesson 11 My Life, My Decisions

Understanding Gender

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

ID.12.CC.1 – Differentiate between biological sex, sexual orientation, and gender identity and expression.

TARGET GRADE: High School
– Lesson 1

TIME: 50 Minutes

MATERIALS NEEDED:

- 3Rs Teacher's Guide (pages 14-15 and 23-24)
- Projector and screen
- Computer with PowerPoint
- PowerPoint: "Gender Picture Examples"
- Whiteboard and markers
- "Gender Scripts" worksheet (one copy per each group of three students)
- "Gender Identity Photos," four unique photos in envelopes (one set per each group of two students)
- "Resources for students about Gender Identity and Sexual Orientation" - one per student
- **Homework:** "My Friend is Transgender" (one per student)

ADVANCE PREPARATION FOR LESSON:

- Review the section in the 3Rs Teacher's Guide on "Using Ground Rules with this Curriculum" (pages 14-15). Establish ground rules, group agreements, or classroom norms with your students prior to instruction and refer to them as often as needed.
- Read through the 3Rs Teacher's Guide on teaching about gender, gender identity, and sexual orientation (pages 23-24).
- Print and cut out the "Gender Identity Photos" included in this lesson plan. There should be enough photos for each pair of students to receive 4 different pictures in an envelope.

***Note to the Teacher:** If there are not enough photos provided here for all of your students to have unique sets of 4 photos, you may duplicate some of the photos so that some groups of students have some of the same photos, or you may add some additional photos that you find on your own. If you add photos, please be sure they represent a range of ages, races, ethnicities, cultures, physical abilities, and body types, and include some that visually fulfill gender stereotypes, some that do not, and some whose gender is not easily recognizable.*

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Explain what gender and gender identity are, and how they are different from biological sex. [Knowledge]
2. Define sexual orientation and how it is different from gender and gender identity. [Knowledge]
3. Define "gender script" while providing several examples of these scripts. [Knowledge]
4. Identify at least three sources of gender scripts and messages they have received growing up. [Knowledge]
5. Understand the concept of body image and how body image is shaped by external messages. [Knowledge]

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Responsibility: A K-12 Curriculum*

A NOTE ABOUT LANGUAGE:

Language is really important and we've intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar—using the pronoun “they” instead of “her” or “him,” using gender neutral names in scenarios and role-plays and referring to “someone with a vulva” vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

PROCEDURE:

STEP 1: Say, “Today we are going to be talking about gender, gender identity, and sexual orientation. Let’s take a look at what these terms means before we do some activities.”

Write the word “gender” on the white board. Ask, “**What does gender mean?**” In most cases, people will say, “it’s whether you’re a boy or a girl.” After a few responses, ask, “**How does someone determine whether you’re a boy or girl?**” There will likely be a range of responses, but most commonly they will get at “it’s how you’re born.” Ask, “**When you’re born, how do they know what your gender is?**” Probe for “by looking at the baby’s genitals.”

Explain that there’s a slight difference here—that when you look at the baby’s genitals and see either a penis or a vulva, all you’re seeing is their body parts. Based on what we see, we assign a name to describe that baby—we say, “it’s a boy” or “it’s a girl.” This is called a person’s biological sex. Write the phrase “biological sex” on the board to the left of the word gender.

Say, “**Some people are born with external genitals that don’t match their internal organs. For example, someone who has a vulva but no uterus. All of this has to do with biology: our body parts, our chromosomes, and our hormones, which all make up our biological sex. If our external body parts are different from our internal organs then we are called ‘intersex.’ That’s a way of referring to someone whose sexual body parts developed differently from most people.**”

Say, “**Gender, however, is different and far more complex. To make it clearer, let’s break it down a bit.**”

Say, “**If you were to look in the mirror and see your body, what you see in the mirror is part of your biological sex. If you were to close your eyes, how you see yourself is your gender identity. In most cases, how people feel when they close their eyes matches what they see in the mirror. This is called being ‘cisgender.’ You might commonly hear people refer to just being ‘male’ or ‘female,’ but the correct term is ‘cisgender.’ For some people, what they see in the mirror and how they feel on the inside are different. This is called being ‘transgender.’**”

These terms are different from sexual orientation.” Write “sexual orientation” on the board. Say, “**Sexual orientation has to do with the gender or genders of the people we are romantically and physically attracted to. This is different from our sense of what our gender is. A person who is attracted to their same gender are typically referred to as gay or lesbian, and a person who is attracted to both genders are typically referred**

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to as bisexual. A person attracted to only the other gender are typically referred to as heterosexual. We all have both a gender identity and a sexual orientation.

For example, a person whose biology at birth was characterized as 'female' and who also feels female on the inside, who is attracted only to people whose biology at birth was characterized as 'male' and who also feel male on the inside, will likely identify as heterosexual. The fact that she identifies as female and he identifies as male are their *gender identities*. The fact that they're attracted to each other is their *sexual orientation*.

Similarly, a person whose biology at birth was characterized as 'female' and who also feels female on the inside, who is attracted only to people whose biology at birth was characterized as 'female' and who also feel female on the inside, will likely identify as a lesbian. The fact that they identify as female are their *gender identities*. The fact that they're attracted to each other is their *sexual orientation*.

Say, "Regardless of our gender identity or sexual orientation, we are getting lots of messages about what is or isn't okay to say, do, or wear based on which gender we are." Write the word "gender script" on the board. Ask, "Has anyone here been in a play at school? What does a script tell us in a play or movie or TV show?" Probe for it tells us what we should say, how we should move, and how we should react to others. Say, "So our gender scripts are how we're told to be based on the answer to the question when we're born: 'Is it a boy or a girl?'" Our gender expression is a person's outward presentation of their gender usually involving personal style, clothing, hairstyle and body language.

Note to the Teacher: Here are the terms that should be listed on the board: gender, biological sex, sexual orientation, and gender script.

Divide the class into groups of three. Say, "I am going to give you all a sheet of paper and would like to ask you to think about the gender scripts you have received or have heard about people of a different gender from yours. For right now, we're just going to talk about boys and girls."

Distribute the "Gender Scripts" worksheet to each group and tell students they will have about 10 minutes in which to complete it. (11 minutes)

STEP 2: After about 10 minutes, ask students to stop their work. Create two lists on the board corresponding to the worksheet and ask students to share an example from their lists. Write their responses on the board.

Once all the responses are on the board, ask the following questions:

- What do you notice about the two lists?
- How did you know that these were the gender scripts as you were growing up?
- From where/whom have you been receiving these scripts?

Say, "So far, we've been talking about people who are assigned 'male' and 'female' at birth. In most cases, people who are assigned 'male' at birth have a penis and testicles, and how they feel on the inside matches those body parts. It makes sense to them. It's

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typically the same thing for people who are assigned ‘female’ at birth—they have a vulva, ovaries, and a uterus, and how they feel on the inside matches those parts.

Sometimes, however, the body parts are different from how a person feels on the inside. That person may call themselves ‘transgender’ or simply ‘trans.’ For example, a trans woman is a person whose biology at birth was characterized as ‘male’ and who feels female on the inside. This person’s *gender identity* is female. Being transgender is not a sexual orientation. A transgender person’s *sexual orientation* would depend on the gender(s) that this person is romantically and physically attracted to.

How might someone who identifies as transgender react to these gender scripts?”
(11 minutes)

STEP 3: Say, “To what extent do you think our culture as a whole has been scripted around gender? Let’s take a look at that now. To do so, we need to get into pairs.”

After students get into their pairs, say, “Each pair is going to get an envelope. Inside are four pictures. You are going to face each other. One person will start by taking out one of the pictures from the envelope without showing it to the other person. They will then describe the person in the picture and the other person needs to guess the gender of that person. Seems easy, right? But wait—there are a few rules!”

Write key words on the board as you go through these rules:

- The guesser may not ask questions; they can only go by what’s shared by their partner.
- No gender pronouns may be used by the person describing the pictures. Only “they” or “them” can be used—no “he” or “his” or “she” or “hers.”
- No gender words like “masculine” or “feminine” can be used, such as “man” or “woman” and so on. For example, you cannot say, “This person looks like a man but isn’t” or “This person looks really girly.” Just describe what’s in the picture. For example, “This person has long hair.” “This person is a child. They are playing football.”
- You may not refer to whatever’s in the picture as a “girl” or “boy” thing. For example, you cannot say “This person is playing with a girl’s doll.”
- If you recognize the person in the picture, please do not say, “Oh, it’s so-and-so” or describe what TV show or movie they’re in. Just describe what they look like physically.

Show the PowerPoint Slide 1 with the sample photo. Say, “For example, if you had this person, you might say, ‘this person is smiling. They have dark hair that is styled up over their head. They are wearing lipstick and other makeup.’ Then allow the other person to guess.”

Before advancing to Slide 2, describe this person (or press “D” to darken the screen so the slide cannot be seen). Say, “Let’s try another one—only this time you won’t see the picture yet, which is what it will be like in the activity. This person has dark hair that’s

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sort of spiked up. They're wearing eye makeup and a necklace and a leather jacket." Once students have guessed about the gender of the person in the picture, show Slide 2.

Answer any questions and then distribute the envelopes, reminding students to take turns describing the photos/guessing the genders and to not show their photos to their partners. As they work, walk around the room to see how they are doing. (10 minutes)

STEP 4: After about five minutes, ask students to stop their work. Process by asking the following questions:

- **What was it like to do that? What was [insert participant responses] about it?**
- **Did you find it easy to guess a person's gender? What was the language that tipped you off?**
- **What made it difficult to guess the person's gender?**
- **What was it like to be the person giving clues? What was easy or challenging about doing that?**

Say, "In the photos, there were certain features that could apply to someone who is or who we perceive to be female, to someone who is or we perceive to be male, or to someone whose gender identity we do not know or who does not identify as male or female. If these terms can apply to someone of any gender, why do you think we gender them in the first place? For instance, why would we say, 'she's dressed like a guy' vs. 'she's wearing pants?'"

Say, "What we call ourselves is called our 'gender identity.' And while you may assume that someone who looks a particular way on the outside identifies the same way on the inside, that may not necessarily be the case." Ask, "How many people feel they guessed the genders of the people in both of their photos correctly?" Explain that, unless the photo you had was of a famous person who's made their gender known, you actually wouldn't know for sure what that person's gender is unless you asked them.

STEP 5: Next, lead the discussion to questions about body image. Write the term "Body Image" on the white board with markers. As you ask students questions, write key words or ideas that they contribute on the white board for reference during the discussion. Ask students, "When you looked at these photos, did you think about any of the following:"

- **Did you think about how attractive or unattractive these people were?**
- **Did you think about their body size or shape?**
- **Were your first impressions of people that presented as female different from your feelings about people that presented as male?**
- **What about people that presented female or male compared with people that appeared gender-neutral or agender?**
- **How did you think about the white people as compared to the people of color?**
- **Do you think that bias against people because of their body size, shape, or appearance is acceptable?**

Ask if there is anyone who did not think about the size of these people in the photos as they

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examined them. Point out that although each person looks happy, healthy, or active, the first impression that many people will have is about their body size.

Ask students to consider where they get their ideas about what body shape and size is attractive and healthy. Draw a circle on the board and write “BODY IMAGE SHAPED BY...” in the center. Create a web of the students’ ideas (e.g., family, friends, culture, advertisements, toys, video games, TV, movies, music, magazines, etc.). Guide a discussion about the ways in which each category on the board has shaped their ideas about body image and their perceptions about people who fall outside what is considered “normal” or attractive.

Tell students that ideas in our society about body image are so ingrained that most of us take them for granted and accept them as natural and normal. This might lead us to internalize negative concepts about ourselves and others, such as feeling like a bad person for being overweight or thinking that thin people are the most worthy friends. Ideas about body image, however, are not fixed or universal, and vary depending upon the time and place. Ask students to silently reflect on how many times each day they judge (or hear others judge) their own or someone else’s size or appearance, and what effect these judgments have on us cumulatively and over time.

Say to students, **“No one has the right to tell someone else how they are supposed to express their gender or how they should look. Society will continue to give messages about gender and body image, whether from the media, family, culture, or religious groups. But in the end, every person has the right to discover who they are and to let others know in ways that feel right to them.”** (15 minutes)

STEP 6: Answer any questions students may have, then explain that for their homework they will be watching a video from AMAZE.org, “My Friend is Transgender” and responding to some questions about it. Distribute the homework sheets and close class. (3 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The initial presentation by the teacher will achieve Learning Objective 1 and 4. The gender script brainstorm small group activity and large group discussion will achieve Learning Objectives 2 and 3. The final activity will achieve Learning Objective 5.

HOMEWORK:

Students will watch a brief excerpt from AMAZE.org, “My Friend is Transgender” and respond to the questions on the homework sheet.

*(Body Image lesson excerpted from Reshaping Body Image by Teaching Tolerance
<https://www.tolerance.org/classroom-resources/tolerance-lessons/reshaping-body-image>)*

RESOURCES FOR STUDENTS ABOUT GENDER IDENTITY AND SEXUAL ORIENTATION

WEBSITES

thetrevorproject.org

genderspectrum.org

gsanetwork.org/ca

glsen.org

HOTLINES

1-866-488-7386 - Trevor Project

(510) 788-4412 - Gender Spectrum

(415) 552-4229 - GSA Network-CA

GENDER SCRIPTS

Names: _____

Instructions:

- From the time we are born, we are told how we are supposed to act, dress and speak based on the sex we are assigned at birth—just as if we had been given a script and asked to follow it throughout our lives.
- In the space below, please provide examples of some of the messages you or people close to you have received about how we are supposed to behave based on whether someone is assigned “male” or “female” at birth.

ASSIGNED FEMALE

ASSIGNED MALE

Homework: My Friend is Transgender

Homework (Lesson HS-1)

Name: _____ Date: _____

Instructions: Please go to <https://www.youtube.com/watch?v=9DO7wSU1tCA> and Play the Amaze.org video "My Friend is Transgender". Once you are done, please answer the questions below.

1. Cassie goes to the store to buy clothes for her friend Glenda who is embarrassed to buy for herself. What are some other activities that a transgender person might be embarrassed or uncomfortable to do? Why do you think these activities would be challenging?

2. When Jim finds out Glenda is transgender, why do you think he does not want to be friends with her even though Jim has known Glenda since they were young? Do you agree? Why or Why not?

3. Glenda says that she is taking her time to tell people that she is transgender and asks Jim to respect her and keep this information to himself. Why is it important for Glenda to tell people and not Jim? How do you think Glenda would feel and what could happen if Jim chose not to respect her request?

4. Jim thinks that gender identity is very simple: if you have a penis you're a boy, if you have a vagina you're a girl. What are some suggestions you would have for helping Jim understand more accurately about gender identity and having a transgender identity?

GENDER IDENTITY PHOTOS



<http://www.lauraajacobs.com/transgender-gender-nonconforming-issues>



[http://www.complexdwoman.co.uk/2013/08/complexd-women/complexdwoman-debbie-van-der-putten](http://www.complexwoman.co.uk/2013/08/complexd-women/complexdwoman-debbie-van-der-putten)



www.huffingtonpost.com/nathan-manske/embracing-gender-nonconformity-in-a-mcdonalds-parking-lot_b_6665784.html



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www.kidsinthehouse.com/all-parents/family-life/when-talking-about-childrens-gender-words-matter



<http://womanonline.co.za/Beauty-detail/bearded-woman-harnaam-kaur-sends-moving-letter-to-her-younger-self>

GENDER IDENTITY PHOTOS



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GENDER IDENTITY PHOTOS



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<http://mamabee.com/20-funny-and-adorable-father-child-moments>



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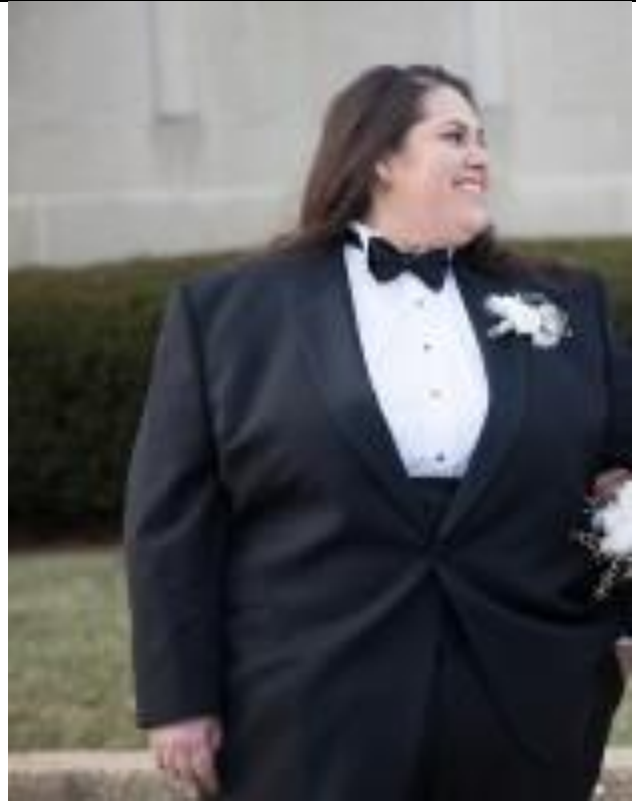


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GENDER IDENTITY PHOTOS



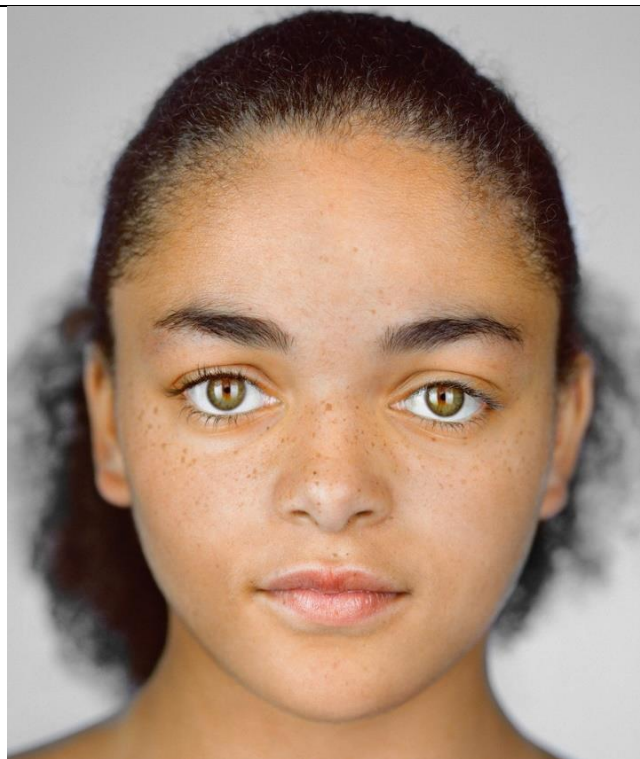
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GENDER IDENTITY PHOTOS



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Sexual Decision Making

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

[This lesson is adapted and reprinted with permission from Our Whole Lives: Grades 7-9, second edition, Unitarian Universalist Association, 2014. Original OWL 7-9 author is Pamela M. Wilson and the author of this lesson is Al Vernacchio.]

NSES ALIGNMENT:

Students will be able to:

HR.12.CC.2 – Describe a range of ways to express affection within healthy relationships.

HR.12.IC.2 – Demonstrate effective ways to communicate personal boundaries as they relate to intimacy and sexual behavior.

HR.12.SM.1 – Demonstrate respect for the boundaries of others as they relate to intimacy and sexual behavior.

PR.12.INF.1 – Analyze influences that may have an impact on deciding whether or when to engage in sexual behaviors.

TARGET GRADE:

High School – Lesson 2

TIME: 50 Minutes

MATERIALS NEEDED:

- White board and markers
- “Sexual Readiness” worksheet (one per student)
- “Freeze Frame Role-Play Scenarios 1-6” worksheets (one copy of each scenario)

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Identify various reasons why teens choose to engage or not engage in sexual behaviors. [Knowledge]
2. Identify at least three questions whose answers can help determine if they are ready to engage in sexual behavior with a partner. [Knowledge]
3. Articulate a message about sexual boundaries with a partner during a role-play activity. [Knowledge]

A NOTE ABOUT LANGUAGE:

Language is really important and we’ve intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar —using the pronoun “they” instead of “her” or “him,” using gender neutral names in scenarios and role-plays and referring to “someone with a vulva” vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

PROCEDURE:

STEP 1: Introduce the lesson by asking, “**Has anyone ever struggled to make a really tough decision?**” After a few students have raised their hands, ask, “**Has anyone ever made a really tough decision and even after you made the decision you weren’t 100% sure it was the right one?**” Go on to explain, “**Making decisions can be difficult and making decisions about sex can be even more difficult since everyone has different values and beliefs about this topic. This is what we’re going to talk about today.**” (2 minutes)

STEP 2: Ask students, “**When do you think someone is ready to have sex—either oral, vaginal, or anal sex—with their partner?**” Take a few responses and ask, “**What would have to be in place in their relationship for them to have safer sex—that is, mutually agreed upon sex that takes into account STI prevention, and pregnancy prevention if applicable?**”

Take a few responses and lastly ask, “**What kinds of questions should young people ask themselves before taking this step?**” Take a few responses and then distribute the “Sexual Readiness” worksheet to each student. Ask for a few volunteers to read some of the questions in the worksheet aloud. Then ask students to turn around and talk with

Sexual Decision Making

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someone they are seated near about their reactions to the worksheet. Give the students five minutes to discuss and when time is up, process the activity by asking the following questions:

- **What was it like to do that? What was** [easy, surprising, interesting—fill in answers] **about it?**
- **Which questions do you think are most important to talk about with a partner? Which are least?**
- **Which questions surprised you?**
- **Are there any questions you think are missing?**
- **How do you think it would be for a couple to talk through all these questions?** (10 minutes)

***Note to the Teacher:** Read the directions below regarding the role-play activity prior to implementing with your students. Ideally the group role-plays will facilitate group discussions regarding sexuality and decision-making among your students; however, this particular set-up might not work well in your classroom or with a particular group of students. Please adapt accordingly to suit your students' needs, such as having independent work and then group share-outs, having groups discuss the activities in lieu of acting, having volunteers act out the scenarios in front of the class, having signs/masks indicating the particular roles that students are representing, etc.*

STEP 3: Explain that students will now do some role-playing to practice making healthy decisions about sexual behavior. Remind students that in general healthy relationships are:

- Consensual and non-exploitative
- Concerned about consequences such as STIs and pregnancy
- Respectful and caring

Then explain, **"The class will be divided into six teams. Each team will get a role-play involving a couple that is making a decision about sex. Each group should read and discuss their scenario and decide who will role-play the scenario. The other members will be coaches. The goal is to have the role-play worked out so the couple reaches a decision quickly. Groups will have five minutes to prepare your role-play and then you'll act it out for the class."** Remind students to refer to their *"Sexual Readiness"* worksheets as they create their role-play.

Divide the class into six groups and give each group a different *"Freeze Frame Role-Play Scenario"* worksheet. Circulate among the groups while they are working, offering support as needed, and reminding them to refer to their *"Sexual Readiness"* worksheets as they create their role-play. After five minutes, gather students' attention and explain how the role-plays will be presented by saying, **"Each team will present their role-play in order from 1 to 6. Just at the point at which the couple have made their decision, I'll say 'freeze-frame' and the role-play will stop. Then the class will answer the following questions based on the role-play they just saw."**

***Note to the Teacher:** It can help to have these questions written on the board to refer to after each role play.*

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1. What are the possible consequences for this couple if they follow through with their decision?
2. Do you think they made a healthy decision? Why or why not?
3. Which questions from the “*Sexual Readiness*” worksheet would you recommend to this couple in order for them to make a healthier decision (if applicable)?

After the class answers these questions, the next group will present their role-play and follow the same process. Follow the process described for role-plays of scenarios 1-6. (25 minutes)

STEP 4: Process the entire activity by asking:

- **How did it feel to play these roles?**
 - **How realistic were the consequences that the class predicted?**
 - **If you could go back and make another decision again, what would you do differently?**
- (3 minutes)

STEP 5: In closing, remind the class of the following take-home points: **“It’s important for each of you to figure out where you stand about decisions regarding sex so you can be clear for yourself and also find ways to be clear with any future partners.”** Thank the class for their hard work and close the lesson. (2 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The initial discussion meets the Learning Objective 1 while the role-play fulfills Learning Objective 2.

HOMEWORK:

None.

SEXUAL READINESS

Here are some questions to answer before making a decision to have sex (oral, vaginal, or anal) with a partner:

1. How do I feel about sex? When do I think it would be right for me? Under what conditions and with what kind of person?
2. How does the other person feel? How do their feelings fit in with my own?
3. Is there any chance that I'm pressuring or exploiting the other person? Could they be pressuring or exploiting me?
4. Are my partner and I both committed to each other and not dating other people?
5. Do I want to wait until I'm married to have sex, or until my partner and I are in a long-term committed relationship?
6. What do I expect sex to be like? What if it's bad and I don't enjoy it? How would I feel about myself or my partner?
7. How would my partner and I feel if others found out about our sexual relationship, specifically people very close to me?
8. Do I trust my partner? Completely?
9. Am I comfortable being vulnerable in front of my partner, for example being naked with them?
10. What if this turns into a strictly sexual relationship and that's all we ever do? How would I feel then?
11. What extra pressures might I (or we) feel once we have sex?
12. How will I feel if we break up?
13. What will I do to prevent STIs?
14. What would I do if I got an STI?
15. If my partner is another gender and we have vaginal sex, what will I do to prevent pregnancy?
16. What would I do if a pregnancy resulted from having vaginal sex? How would my partner and I feel?
17. If my partner and I created a pregnancy, would we be ready to start a family?
18. How would my current family feel if they found out about my sexual relationship? How would I feel about their knowing?

If you cannot answer all of these questions with confidence, you are not ready for sex yet. You're the only one who can make the decision, please make it wisely.

FREEZE FRAME ROLE-PLAY SCENARIO 1

Hannah and Mateo

Hannah and Mateo have been together for about six months. They have a good relationship but only get to see each other about once a month because Hannah just moved to a town about an hour away from Mateo. Since her move, Mateo has begun to hint that he's ready to have sex. Plan a role-play in which Mateo talks with Hannah about having sex and they make a decision.

Hannah: You're crazy about Mateo but don't think things will work out now that you live in two different places. You want to be honest with him and don't want to mislead or hurt him. Recently, Mateo has hinted that he's ready to have sex, but you're wondering if he's just trying to hold onto the relationship. Honestly, you want to wait to have sex until you're in a committed relationship with someone who lives in the same town and that you can share your day-to-day life with. Talk with Mateo about what you're sensing.

Mateo: You like Hannah a lot and you're glad that you still have a relationship after she moved away. You've decided you want to have sex with her because it might make your relationship stronger, now that you don't see each other as often.

FREEZE FRAME ROLE-PLAY SCENARIO 2

Morgan and Terence

Morgan and Terence met several months ago at a party. Morgan identifies as queer and is very active in the LGBTQ group at his school. Terence isn't sure whether he's straight or bisexual and has only dated girls. But both Morgan and Terence know they are attracted to each other. Plan a role-play in which Morgan talks to Terence about what's going on and they make a decision about whether to have sex.

Morgan: You and Terence live in the same apartment building and are in the same homeroom. Terence has dated girls and seems straight, but he also seems attracted to you. Last week, you bumped into him in the laundry room in your building and after a lot of "accidental touches" you ended up kissing. But then he stopped and left. Now he just sent a text asking if you'd meet him in the laundry room. You decide to go because you want to have an honest conversation. You don't want to begin anything with someone who is so confused.

Terence: You date girls you like, but haven't done much sexually with them; you've kissed a couple of them, but didn't find it very exciting. Now you feel very attracted to Morgan. When you kissed him last week, it felt wonderful, but also confusing. You just can't stop thinking about Morgan and imagining his touch. You think you want to have sex with him, but you don't want your family or friends to find out, because they would disapprove.

FREEZE FRAME ROLE-PLAY SCENARIO 3

Mariana and Jake

Mariana and Jake have been going out for four months. Mariana's family immigrated from Mexico five years ago. Mariana speaks English well, thinks of herself as American, and argues constantly with her parents about many of their beliefs, which she finds old-fashioned. Jake and Mariana are crazy about each other. Plan a role-play in which Jake talks with Mariana about having sex and they make a decision.

Jake: You feel lucky to have Mariana as your girlfriend. She is beautiful and so nice to you. You like the fact that you come from different cultural backgrounds. You love touching Mariana and want to have vaginal sex with her. You want to do it right, though. You want to go with her to get birth control and you plan to use a condom too.

Mariana: You've in heaven because Jake is such a nice, caring, and sensitive guy. He's the first American you've ever dated, but your parents don't like him. They don't want you dating at all. When you and Jake kiss and touch each other, it feels great. You want to have sex, but you've always told yourself and your parents that you would wait until you were married to have sex.

FREEZE FRAME ROLE-PLAY SCENARIO 4

Andrea and Diana

Andrea and Diana are two girls who just met last weekend at a party. They had fun together, and now they've hooked up again this weekend. They're alone in Andrea's basement. Plan a role-play in which Diana asks Andrea about having sex and they make a decision.

Diana: You think Andrea is a lot of fun and really cute. You're not interested in a relationship. You know that you're both really turned on. You decided some time ago that you weren't ready for oral sex, so you know that's off-limits for you. But you can think of a lot of other wonderful things that you and Andrea can do to express your feelings for each other. Talk it over with Andrea.

Andrea: You think Diana is great and feel that this could be the relationship you've always wanted. You've never felt like this before and don't want to do anything to turn Diana off. You feel open to all kinds of things with Diana, including commitment and sex. You plan to use protection if you and Diana decide to have sex.

FREEZE FRAME ROLE-PLAY SCENARIO 5

Sydney and Zee

Sydney is a trans girl who has a big crush on Zee. Both are free thinkers who don't like labels. Sydney and Zee have been hanging out together for a few weeks and enjoy a lot of the same things. It's clear that they're attracted to each other, but they've never kissed or touched. Plan a role-play in which Sydney talks with Zee about having sex and they make a decision.

Sydney: You were assigned male at birth but have never identified as a boy or a man. You are a girl, but not a "girly" girl. You really like the fact that Zee is kind of androgynous, but you aren't sure how to get things started. You decide that the two of you should talk about your feelings.

Zee: Biologically you were assigned female at birth but you hate all of the boxes that society puts people in and you identify as genderqueer. You work hard to have a gender-nonconforming appearance and style. You enjoy gender-bending and you feel like with Sydney you have finally met someone who really "gets you."

FREEZE FRAME ROLE-PLAY SCENARIO 6

Sofia and Devante

Sofia and Devante met in middle school and have been dating ever since. They used to spend a lot of time together but now with they're in high school and super busy and don't see each other as much as they used to. Especially now that Sofia is involved with ASB and Devante runs track. They kiss and make out when they find time alone together but haven't had sex. They talked about waiting until they get married one day but the pressures of the relationship are making them reconsider. Plan a role-play in which Sofia asks Devante about having sex and they make a decision.

Sofia: At the beginning of high school, you felt committed to Devante and thought you would both graduate high school and get married to each other. Now you're both so busy that you're feeling insecure. You're now thinking that having sex with Devante might bring you both closer together and make your relationship last.

Devante: You are so busy with school and track and you know that you and Sofia aren't spending much time together. You know she's feeling insecure about your relationship and so are you. Although you think about having sex with Sofia sometimes, you are committed to getting married before having sex. Although you feel shy talking about this with Sofia, you also want to assure her that there are other ways to show your commitment to each other.

Rights, Respect, Responsibility: Don't Have Sex Without Them

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

HR.12.CC.3 – Define sexual consent and explain its implications for sexual decision-making.

PS.12.CC.3 – Explain why using tricks, threats or coercion in relationships is wrong.

HR.12.INF.2 – Analyze factors, including alcohol and other substances, that can affect the ability to give or perceive the provision of consent to sexual activity.

TARGET GRADE:

High School – Lesson 3

TIME: 50 Minutes

MATERIALS NEEDED:

- Projector and screen
- Computer with Internet access and audio equipment
- White board and markers
- “Consent Scenarios A-F” (enough copies for each pair of students to get a scenario)
- **Homework:** “Putting It Into Practice: Getting and Giving Consent” (one per student)

ADVANCE PREPARATION FOR LESSON:

- Log into YouTube by signing in with your district ID and password.

- Be prepared to play the following videos:

“2 Minutes Will Change the Way You Think About Consent”
www.youtube.com/watch?v=laMtr-rUEmY

“Tea and Consent”
www.youtube.com/watch?v=pZwvrXVavnQ

“Pitch Perfect 2 Trailer – The Ellen Show version”
www.youtube.com/watch?v=KBwOYQd21TY
(play a brief clip between 2:10 and 2:27)

- Print out the “Consent Scenarios A-F” and cut out each pair, making sure the correct Person 1 goes with the correct Person 2. Determine how many pairs there will be in your class and make several copies of each scenario so that there are enough for each pair to get one.

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Define the terms “consent,” “coercion” and “incapacitated.” [Knowledge]
2. Differentiate between a situation in which consent is clearly given and one in which it is not. [Knowledge, Skill]
3. Demonstrate an understanding of how giving and getting clear consent is part of a respectful relationship. [Knowledge]

A NOTE ABOUT LANGUAGE:

Language is really important and we’ve intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar—using the pronoun “they” instead of “her” or “him,” using gender neutral names in scenarios and role-plays and referring to “someone with a vulva” vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

Rights, Respect, Responsibility: Don't Have Sex Without Them

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PROCEDURE:

STEP 1: Explain to students that as they continue to grow older and mature, situations that they find themselves in might become more complex. Sometimes they might find it difficult to figure out the right thing to do. Some of these situations and decisions might involve consent. Ask students, **“What does the word ‘consent’ mean? What does it mean to ‘give consent?’”** Ask for a few students to respond, probing for the following concepts:

- It's when someone says they want to do something
- When someone gives permission to another person
- Saying “yes” to or being okay with something

Say, **“This seems like a pretty straightforward idea—but it isn't always. Let's take a look at one person's attempt to figure it all out.”** (2 minutes)

STEP 2: Play the video, *“2 Minutes Will Change the Way You Think about Consent,”* at www.youtube.com/watch?v=laMtr-rUEmY.

Ask for reactions to the video, then process by asking the following discussion questions:

- **The ConsentBot says her first attempt was “coercion.” What does that mean?** (Probe for getting someone to do something by threatening or forcing them.) **What did she do that was coercive?** Remind the students that **consent must be voluntary, which means a person has to want to give consent.**
- **When she goes to visit her friend, Jonathan, Jonathan is half asleep when she asks for his phone and he says yes. The ConsentBot says it's not consent because he's “incapacitated.” What does that mean?** (Probe for when someone doesn't have the capacity or ability to do things—or to say they want to do things). **Jonathan was asleep, so he would not have been completely aware of what he was saying. The same thing goes if someone were drunk or using drugs.**
- **What do you think of the example when she is in the library and asks the person wearing the headphones for their phone and they don't respond—and she assumes she has consent because that person didn't say no? Why isn't that the same as having consent?** (Probe for the importance of getting a clear “yes” or “no” from someone to know for sure whether you have—or have not—received consent.)
- **Has anyone ever been in a situation where they haven't wanted to do something, but a friend has said, “It's fine, just do it.” How has that felt? Why did the ConsentBot say it wasn't consent?** (Probe for the fact that the middle person seemed to have felt intimidated—meaning, pressured—to do it, even if he wasn't being pressured by the person asking for consent.)
- **What did you notice in the last exchange, which the ConsentBot finally agrees is consent?** (Probe for the fact that she asked and he said yes, while also clarifying his conditions: “You can use my phone, but no texts or international calls.” She clarified by asking about his phone's game center, and he responded.) **The ConsentBot said that this was clear consent and it was also healthy, clear communication.** (7 minutes)

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STEP 3: Say, “This video was about using someone else’s phone. Now, let’s take a look at a different video about another common item, tea.”

Show the “Tea and Consent” video at www.youtube.com/watch?v=pZwvrXVavNQ. After the video, ask “Are there any ideas about consent in this video that are similar to the previous one? That are different?” Ask students to summarize the key messages of the videos and write these on the white board.

Show the brief clip of “Pitch Perfect 2 Trailer – The Ellen Show version” www.youtube.com/watch?v=KBwOYQd21TY from 2:10 and 2:27. Ask the following discussion questions:

- **What did you just see?** (Two people flirting at a party, miscommunication.)
- **When he asked her if she wanted to have sex, how did she respond?** (She said she didn’t want to but then winked at him; what she said was a clear no but how she said it made him think she wanted to).
- **How do you think he was feeling then?** (Confused, hopeful, worried)
- **Did she give her consent to him to have sex?** (No)
- **What do you think he should do next?** (Walk away, ask her again, try something to see whether she’s interested).

Say, “The smartest thing he can do here is take her no as her answer. It doesn’t matter how she said it, but he has to go with what she actually said. This is also a good example of how talking about consent at a party—where there’s usually alcohol around—isn’t the best place or time to bring it up. What impact could alcohol or other drugs have on someone’s ability to give consent? What impact could alcohol or other drugs have on a person’s ability to clearly understand what someone is communicating to them? It’s good to remember that anything but a clear ‘YES’ means no.” (4 minutes)

STEP 4: Say, “We’re going to take a look now at what it’s like to ask for and give consent in a relationship.” Break students up into pairs. Say, “I’m going to distribute a ‘Consent Scenario’ to each of you. You’re going to work together to create and perform a brief skit—no more than 1–2 minutes—that you’ll share with the class. Please don’t tell the class what’s on your scenario, because you will demonstrate it during the skit.”

Break students into pairs. Distribute the “Consent Scenarios,” making sure each pair gets the correct Person 1 and 2. Tell them they have about 5 minutes to figure out how they will act out their scenario in front of the class and demonstrate consent. Remind them to use their decision-making and negotiation skills that they might have learned in previous lessons (7 minutes)

STEP 5: After about 5 minutes of working, check in to see whether the pairs are ready to present. Ask for a pair to volunteer to go first and have them come to the front of the room. Talk about what was presented, commenting on the clarity of consent given and received. Ask the next pair to go and continue until everyone has gone or as time allows. (22 minutes)

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Note to the Teacher: *Because more than one pair will have the same scenario, you can avoid repetition during the presentations by asking whether other pairs had different takes on the same situation.*

STEP 6: Ask the class to comment on what they saw in the various skits. In particular, note situations in which pairs assigned roles to each other based on gender role stereotypes and emphasize that everyone has the responsibility to make sure they have consent from another person, regardless of gender.

Say, **“Everyone has the right to say what they do and don’t want to do in a relationship. And we all have a responsibility to be clear about what we want and to listen to what the other person wants in order to have healthy, mutually respectful relationships.”**

Distribute and go through the *“Putting It Into Practice: Getting and Giving Consent”* homework sheet. (5 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The videos and discussion will fulfill Learning Objective 1. The paired communication scenarios will achieve Learning Objective 2. The homework assignment will achieve Learning Objective 3.

HOMEWORK:

Students will complete and hand in the *“Putting It Into Practice: Getting and Giving Consent”* homework sheet, which is a log of real-life situations in which consent was given or not given and their reactions to these situations.

Consent Scenario A

PERSON 1

You really, really like PERSON 2. You think they're totally hot and want to ask them out—but how? You feel like if you hold their hand they'll be more likely to say yes when you ask.

Consent Scenario A

PERSON 2

You're interested in PERSON 1. You don't know them very well, but you think they're kind of cute. You're also kind of shy and aren't really fond of being touched or public displays of affection (PDA).

Consent Scenario B

PERSON 1

You've been with PERSON 2 for three months and haven't had sex together, but you really think it's time. You love the other person, they love you, and everything you've done together up until now has been really good.

Consent Scenario B

PERSON 2

You've been with PERSON 1 for three months and haven't had sex together, but you really think it's time. You love the other person, and will do almost anything to keep the relationship going and make them happy. You just really are nervous about being naked and having sex. You like the way your sexual relationship is now and don't see any reason to make a change.

Consent Scenario C

PERSON 1

You think you know what PERSON 2 wants—that's the way your relationship has always been. You're more outgoing, they're more quiet and reserved, and they expect you to take charge and make decisions. That's how it is at your home. So you're going to let them know that tonight is the night—you're going to have sex together for the first time.

Consent Scenario C

PERSON 2:

You can't believe you're with PERSON 1. You know there's a nice person in there, but they're always making the decisions in the relationship. You don't really feel like you have any say, and it's just easier to go along with what they want than to cause a fuss. You've been doing a lot of touching without having any type of sex (vaginal, oral, or anal) and you haven't said what you do and don't want.

Consent Scenario D

PERSON 1

You love being in a relationship with PERSON 2! You two seem like you were made for each other—you finish each other's sentences, like the same things, like each other's friends, and are on the same page when it comes to what you do together sexually. You want to try something you've never done before with them but figure you should talk with them about it first.

Consent Scenario D

PERSON 2:

You love being in a relationship with PERSON 1! You two seem like you were made for each other—you finish each other's sentences, like the same thing, like each other's friends, and are on the same page when it comes to what you do together sexually ... kind of. There are some things you've done together that you didn't really like, but you don't want to bring it up because things are going so well and you're concerned about making PERSON 1 upset.

Consent Scenario E

PERSON 1

You're at a party and you see PERSON 2, whom you've always thought was really cute. They've been drinking a little, so you go up and talk with them and see whether they might be interested in going someplace more private.

Consent Scenario E

PERSON 2

You're at a party and you see PERSON 1, whom you've always thought was really cute ... you think, you're not sure, because you've had a few drinks already and aren't sure whether you're confusing this person with someone else ... anyway ... you're feeling good being at this party, that's all that matters! You want to stay at the party, so if anyone tries to get you to leave or go elsewhere at the party, you really don't want to.

Consent Scenario F

PERSON 1

You're at a party and you see PERSON 2. You've kissed a few times in the past, and it was always super casual, but you always thought it could be something more. PERSON 2 is sleeping on a couch, and since you've made out in the past you think it will be fine if you cuddle up next to them and give them some kisses ... and maybe even a bit more?

Consent Scenario F

PERSON 2

You're at a party and you're super sleepy because you were up all night doing homework after swim practice and then had two tests today at school. You had a cup of punch at the party and didn't realize that it had alcohol in it ... until ... so sleepy now ... ahhh that couch looks so nice and cozy ...

Putting It Into Practice: Getting and Giving Consent
Homework (HS-3)

Name: _____ Date: _____

Instructions: Over the next week, please log the following situations and record how they went:

- Two situations in which you were asked to give permission to someone else for something
- Three situations in which you asked someone else for permission to do something

Situation 1: _____

Did you give consent? _____ **How or why not?** _____

What, if anything, would you have done differently? _____

Situation 2: _____

Did you give consent? _____ **How or why not?** _____

What, if anything, would you have done differently? _____

Situation 3: _____

Did they give consent? _____ **How or why not?** _____

What, if anything, would you have done differently? _____

Situation 4: _____

Did they give consent? _____ **How or why not?** _____

What, if anything, would you have done differently? _____

Situation 5: _____

Did they give consent? _____ **How or why not?** _____

What, if anything, would you have done differently? _____

Planning and Protection: Avoiding or Managing STIs

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Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

SH.12.GS.1 – Develop a plan to eliminate or reduce risk for STDs, including HIV.

SH.12.AI.1 – Explain how to access local STD and HIV testing and treatment services.

TARGET GRADE: High School
– Lesson 4

TIME: 50 Minutes

MATERIALS NEEDED:

- White board and markers
- Lined 3 x 5 index cards (one per student)
- **Homework:** “STI/HIV Investigative Reporting!” (one per student)
- “Information for Teens and Young Adults: Staying Healthy and Preventing STDs” handout - one per student

ADVANCE PREPARATION FOR LESSON:

- Turn the index cards to the non-lined side.
- In the bottom right-hand corner, write lightly and in pencil:
 - “S” on 3 cards.
 - “U”, “A”, “C” and “P” on at least 4 cards each.
 - You should have a total of at least 19 cards: 3 “S” cards and at least 16 cards with the other letters.
- Leave the remaining cards blank.

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Name the only 100% effective way of avoiding an STI and HIV. [Knowledge]
2. Explain why having oral, anal, or vaginal sex with an infected partner puts a person or couple at risk for STIs and HIV. [Knowledge]
3. Name one health clinic or center in their area that provides HIV testing and STI testing and treatment for teens. [Knowledge]

A NOTE ABOUT LANGUAGE:

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PROCEDURE:

STEP 1: Ask the students the terms “STI” and “HIV” mean. As they respond, write on the white board: “STI = Sexually Transmitted Infection” and “HIV = Human Immunodeficiency Virus.” Remind the students that “STI” and “STD” (sexually transmitted disease) are the same terms that refer to same group of bacteria, viruses, and other organisms that can be passed from one infected person to another during sexual contact. Also remind them that HIV is the virus that can lead to the medical condition called AIDS.

Planning and Protection: Avoiding or Managing STIs

*A Lesson Plan from Rights, Respect,
Responsibility: A K-12 Curriculum*

Ask the students to take out a pen or pencil and distribute one of the index cards you prepared in advance of the class to each student without telling them there is anything written on them.

Once they all have a card and writing tool, ask them to stand up and walk around the room, just milling around, talking and saying “hi” to each other. After about 10 seconds, ask them to stop where they are and pair up with the person standing closest to them.

***Note to the Teacher:** If there is an odd number of students, the leftover person can join a pair as a group of three; however, you do not want there to be groups of three throughout the room, so be sure to wait until everyone has paired up before assigning the one leftover student to a pair.*

Say, **“I am going to give you a topic to discuss with this other person. You will have two minutes, and you need to keep the discussion going for that time.”** Write on the board: “Top Three Favorite Movies.” Say, **“I’d like you to talk with each other about three of your favorite movies and why they’re your favorites. It doesn’t matter who starts first; I’ll tell you when two minutes have elapsed. Go!”**

After two minutes, ask them to stop their conversations. Say, **“Please hand your index card with the lined side up to your partner, and take their index card from them. Write your name on the card, and then give it back to your partner. So you should now be holding your index card that has the other person’s name on it.”**

Ask them to thank their partner for their conversation and then start milling around the room again, greeting each other, smiling, whatever they wish—and then ask them to stop again and partner up with whomever is closest.

Say, “I’m going to ask you to have another brief conversation with this person but on a different topic.” Write on the board: “Travel Anywhere.” Say, **“If money were no option, and you could travel anywhere in the world, where would it be and why? Remember, you have about 2 minutes so you can choose more than one place if you wish. Ok, go!”**

After 2 minutes, ask them to stop their conversations and sign their partner’s card. Be sure that once they have signed their partner’s card they get their original card back but now with the names of the last two students with whom they had conversations.

Ask them to thank their partner for their conversation and then start milling around the room one last time, greeting each other, smiling, giving high fives, whatever they wish—and then ask them to stop again and partner up with whomever is closest.

Say, **“I’m going to ask you to have one more brief conversation with this person but on a different topic.”** Write on the board: “Super Powers.” Say, **“If you could have any three super powers, what would they be, and why? Remember, you have about 2 minutes. Ok, go!”**

After 2 minutes, ask them to stop their conversations and sign their partner’s card. Be sure that once they have signed their partner’s card they get their original card back. They should now have an index card with the names of all three students with whom they had conversations. Ask them to take their seats. (7 minutes)

Planning and Protection: Avoiding or Managing STIs

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STEP 2: Explain to the students that, for the purposes of this activity ONLY, the conversations they just had weren't just conversations—but rather they were sexual encounters. Tell everyone to turn their card over to the unlined side.

Say, “In one of the corners, most of you should see a lightly written letter. If you have an ‘S’ on your card, can you please stand up.”

Note to the Teacher: It can help to intentionally select the students who will receive the ‘S’ card to ensure they won’t be easily embarrassed or mistakenly believe they were singled out due to their sexual orientation or gender identity.

Three students should stand up. Explain that for the purposes of this activity ONLY, this person has a sexually transmitted infection. Even though they look and feel fine, they had no idea they had an STI.

Note to the Teacher: There will very likely be some class reaction as you announce that these represented sexual encounters and when you announce who represents the STIs. This is a good thing! It brings energy to the room and keeps students engaged. Be mindful, however, that we do not know the STI status of our students, and you want to be sure people don’t throw out insults, such as, “Figures it’d be [student name]” or anything else. This is why it is important to emphasize again and again throughout the activity, “for the purposes of this activity only.” Be sure to refer back to your ground rules as necessary to make sure students are respectful of each other.

Ask the rest of the students to look at their own cards to see whether they have the signatures of any of the people standing on their card—and if they do, to please stand. Then ask whether the people who are standing have any of the following letters on their card. If so, explain what they should do next:

- “Of those who are standing, if you have an ‘A’ on your card, you may sit down. An ‘A’ means you chose to remain abstinent—you did no-risk sexual things together or didn’t do anything sexual together at all. Therefore you did a great job—in fact the best job—of protecting yourself against STIs or HIV.”
- “If you have a ‘C’ on your card, you may also sit down. A ‘C’ means you had sexual contact (meaning vaginal, oral, or anal sex or genital-to-genital contact) and used condoms or other latex barriers, so you were at very low risk for STIs, HIV (or pregnancy if you were with a partner of a different sex).”
- “If you have a ‘P’ on your card, it means that if one person in the relationship can get pregnant or has another reason to take the pill, they’re on the pill—but that’s the only method you used. So, great job protecting yourself and your partner against pregnancy if that was a risk, but the pill offers NO protection against STIs or HIV—so you have to remain standing.”
- “If you have a ‘U’ on your card, it means you did not use any condoms or other latex barriers during your sexual encounter—meaning the sex was ‘unprotected’ and very risky for STI, HIV, or possibly pregnancy—so you have to remain standing.”

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- **“If you have a blank index card, it means you were using alcohol or drugs during the encounter and can’t remember what happened, including whether you used any kind of latex barrier—so you need to remain standing as well.”**
(12 minutes)

STEP 3: Ask the students to look around the room and to tell you how many people are currently standing up. Once they tell you the number, ask, **“How many were standing the very first time—how many had an ‘S’ on their cards?”** Probe for “3” and say, **“So three people originally had an STI, and then by the end of the activity, [fill in the number of students standing] had some kind of unprotected sex with that person.”**

Ask everyone to take their seats. Process, by asking the following questions:

- **What was it like to do that activity? What was** [easy, fun, hard, interesting – fill in their responses] about it?
- **What did you notice about who got to sit down, and who had to remain standing?** Probe for the fact that only students who had an “A” on their card for abstinence or used latex barriers could sit down. Ask them why they think that was. Probe for the fact that only abstinence offers 100% effective protection against STIs, but that condoms and other latex barriers offer extremely effective protection if they’re used correctly with every single sexual encounter.
- **What does the number of people who were standing at the end of the activity tell you?** Probe for:
 - How it’s best to not have unprotected sex with multiple partners to reduce the chances of spreading STIs or HIV.
 - How, if you’re going to have any kind of sex, it’s important to use condoms or other barriers correctly and every time.
 - How important it is to talk with a person about their sexual history to figure out what your own risk for STIs or HIV is.
 - How if a person were to find out they had some kind of sex with someone who has an STI or HIV they would need to get tested and tell anyone else they may have been in a sexual relationship with that they need to get tested too.

As people participate in the activity processing, write the five themes that should come up during the discussion on the board; if any of them do not, add them in at the end, saying, **“I also saw from this activity that ... ”**

1. **Abstinence** is the safest and only 100% effective choice for eliminating STI risk.
2. **Condoms**, other latex barriers and getting the vaccines for HPV and Hepatitis B are a must for reducing STI and HIV risk.
3. **Talking with your partner** is key before having any kind of sex.
4. **Contraceptive methods** like the pill are great for pregnancy prevention, but they don’t protect against STIs or HIV.
5. **Get tested** for STIs and HIV if you are having sex, and ask your partner(s) to get tested, too. Some couples will go to get tested together, which reinforces the care they have for each other.

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Remind the students that someone needs to have an STI in order to transmit it to someone else and that sexual behaviors do not in and of themselves create STIs. Also remind them that this was only an activity, and that nothing about what you just did implies that the students who were standing up during the activity have an infection or actually had sexual encounters with each other! (9 minutes)

STEP 4: Divide the class into five groups. Once they are in their groups, say, **“It’s great to recognize that these five points are important—but it’s another thing altogether to remember them or put them into practice. When businesses want us to change our behaviors or buy certain things or act in certain ways, they buy time on TV or on websites and create commercials. That’s what you’re going to do now.”**

Assign each group one of the five categories that you wrote on the board. Tell them they will have 10 minutes to work together to create a commercial, jingle, slogan, or logo for that statement or something that has to do with that statement, which they will then act out for or present to the class. Remind them that commercials tend to be no longer than 30–45 seconds. If a full commercial will take too long to create in the time allotted, the students may create a jingle, slogan, or logo for their statement. As groups work, walk around the room to help them get started or point them in the right direction. You will also want to listen for any joking around or inappropriate language and help refocus the students on the activity. (12 minutes)

STEP 5: After about 10 minutes, ask the groups to stop. Have each group present its commercial or the jingle/slogan/logo, asking for feedback from the class after each: What did you take away from this commercial? Was anything inaccurate? What was missing? What would be some other helpful take-away points? (8 minutes)

STEP 6: Acknowledge the work of the class. Say, “STIs are a very real part of our world today. And considering 1 in 4 teens will end up with an STI once they start having some kind of sex, teens—and people of all ages—have a responsibility to know how to practice ways to reduce their chances of getting an STI.”

Explain and distribute the *“STI/HIV Investigative Reporting!”* homework sheet, “Information for Teens and Young Adults” handout and close the class session. (2 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

Learning Objectives 1 and 2 will be achieved by the STI index card activity in class. The homework assignment will fulfill Learning Objective 3.

HOMEWORK:

“STI/HIV Investigative Reporting!” homework sheet, in which students will go around for the next week interviewing people about what they know and think about safer sex, as well as finding information about where someone in their community can go for STI and HIV testing and treatment. There are some Internet resources necessary for this assignment; if students do not have access to the Internet at home, please print the *“Information for Teens and Young Adults: Staying Healthy and Preventing STDs”* handout from the CDC.

Note: Versions of the STI index card activity has been used in a variety of formats and resources for many years. The original author is unknown.

STI/HIV Investigative Reporting!

Homework (HS-4)

Name: _____ Date: _____

Instructions: You are a reporter working on a story about STI and HIV prevention. You need to talk directly with some people as well as go online to do some research to get the information required by your editor. Be sure to protect the confidentiality of your sources — this tends to encourage them to be more honest!

1. **Check out these teens as they interview students about this same topic and write down some myths about STIs!** www.youtube.com/watch?v=zP3y6yTbcio

2. **What do high schoolers know about STD prevention?** Find five students and ask them to answer the following two questions (Be sure not to give them the answers—you're trying to find out what people know without you saying anything!):

Question 1: Do you think people our age are at risk for STDs? Why or why not?

PERSON'S GRADE LEVEL	PERSON'S INITIALS	PERSON'S ANSWER
1.		
2.		
3.		
4.		
5.		

STI/HIV Investigative Reporting!

Question 2: What is the BEST way to avoid getting an STI or HIV, or giving either of these to someone else?

PERSON'S GRADE LEVEL	PERSON'S INITIALS	PERSON'S ANSWER
1.		
2.		
3.		
4.		
5.		

3. Ask a parent or trusted adult the following questions about STIs and HIV:

What are some STIs that you've heard of? _____

Do you know how HIV and AIDS are related to each other? _____

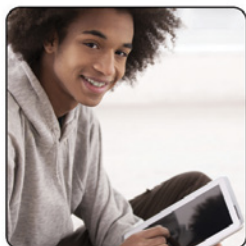
What is the only way to 100% effective way to avoid contracting an STI? _____

If people decide to have sex, what can they do to reduce the risk of transmitting STIs or HIV?

Explore this website together (or read the handout if you received one) to check their answers!

www.cdc.gov/std/life-stages-populations/stdfact-teens.htm

Information for Teens and Young Adults: Staying Healthy and Preventing STDs



If you choose to have sex, know how to protect yourself against sexually transmitted diseases (STDs).



What are sexually transmitted diseases (STDs)?

STDs are diseases that are passed from one person to another through sexual contact. These include chlamydia, gonorrhea, genital herpes, human papillomavirus (HPV), syphilis, and HIV. Many of these STDs do not show symptoms for a long time, but they can still be harmful and passed on during sex.

How are STDs spread?

You can get an STD by having sex (vaginal, anal or oral) with someone who has an STD. Anyone who is sexually active can get an STD. You don't even have to "go all the way" (have anal or vaginal sex) to get an STD, since some STDs, like herpes and HPV, are spread by skin-to-skin contact.

How common are STDs?

STDs are common, especially among young people. There are about 20 million new cases of STDs each year in the United States, and about half of these are in people between the ages of 15 and 24. Young people are at greater risk of getting an STD for several reasons:

- Young women's bodies are biologically more susceptible to STDs.
- Some young people do not get the recommended STD tests.
- Many young people are hesitant to talk openly and honestly with a doctor or nurse about their sex lives.
- Not having insurance or transportation can make it more difficult for young people to access STD testing.
- Some young people have more than one sex partner.

What can I do to protect myself?

- The surest way to protect yourself against STDs is to not have sex. That means not having any vaginal, anal, or oral sex ("abstinence"). There are many things to consider before having sex, and it's okay to say "no" if you don't want to have sex.
- If you do decide to have sex, you and your partner should get tested beforehand and make sure that you and your partner use a condom—every time you have oral, anal, or vaginal sex, from start to finish. Know where to get condoms and how to use them correctly. It is not safe to stop using condoms unless you've both been tested, know your status, and are in a mutually monogamous relationship.
- Mutual monogamy means that you and your partner both agree to only have sexual contact with each other. This can help protect against STDs, as long as you've both been tested and know you're STD-free.
- Before you have sex, talk with your partner about how you will prevent STDs and pregnancy. If you think you're ready to have sex, you need to be ready to protect your body and your future. You should also talk to your partner ahead of time about what you will and will not do sexually. Your partner should always respect your right to say no to anything that doesn't feel right.

- Make sure you get the health care you need. Ask a doctor or nurse about STD testing and about vaccines against HPV and hepatitis B.
- Girls and young women may have extra needs to protect their reproductive health. Talk to your doctor or nurse about regular cervical cancer screening and chlamydia testing. You may also want to discuss unintended pregnancy and birth control.
- Avoid using alcohol and drugs. If you use alcohol and drugs, you are more likely to take risks, like not using a condom or having sex with someone you normally wouldn't have sex with.

If I get an STD, how will I know?

Many STDs don't cause any symptoms that you would notice, so the only way to know for sure if you have an STD is to get tested. You can get an STD from having sex with someone who has no symptoms. Just like you, that person might not even know he or she has an STD.

Where can I get tested?

There are places that offer teen-friendly, confidential, and free STD tests. This means that no one has to find out you've been tested. Visit FindSTDTest.org to find an STD testing location near you.

Can STDs be treated?

Your doctor can prescribe medicines to cure some STDs, like chlamydia and gonorrhea. Other STDs, like herpes, can't be cured, but you can take medicine to help with the symptoms.

If you are ever treated for an STD, be sure to finish all of your medicine, even if you feel better before you finish it all. Ask the doctor or nurse about testing and treatment for your partner, too. You and your partner should avoid having sex until you've both been treated. Otherwise, you may continue to pass the STD back and forth. It is possible to get an STD again (after you've been treated), if you have sex with someone who has an STD.

What happens if I don't treat an STD?

Some curable STDs can be dangerous if they aren't treated. For example, if left untreated, chlamydia and gonorrhea can make it difficult—or even impossible—for a woman to get pregnant. You also increase your chances of getting HIV if you have an untreated STD. Some STDs, like HIV, can be fatal if left untreated.

What if my partner or I have an incurable STD?

Some STDs—like herpes and HIV—aren't curable, but a doctor can prescribe medicine to treat the symptoms.

If you are living with an STD, it's important to tell your partner before you have sex. Although it may be uncomfortable to talk about your STD, open and honest conversation can help your partner make informed decisions to protect his or her health.

If I have questions, who can answer them?

If you have questions, talk to a parent or other trusted adult. Don't be afraid to be open and honest with them about your concerns. If you're ever confused or need advice, they're the first place to start. Remember, they were young once, too.

Talking about sex with a parent or another adult doesn't need to be a one-time conversation. It's best to leave the door open for conversations in the future.

It's also important to talk honestly with a doctor or nurse. Ask which STD tests and vaccines they recommend for you.

Where can I get more information?

CDC

How You Can Prevent Sexually Transmitted Diseases

<http://www.cdc.gov/std/prevention/>

Teen Pregnancy

<http://www.cdc.gov/TeenPregnancy/Teens.html>

CDC-INFO Contact Center

1-800-CDC-INFO

(1-800-232-4636)

Contact <http://wwwn.cdc.gov/dcs/RequestForm.aspx>

HealthFinder.gov

STD Testing: Conversation Starters

<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/std-testing-conversation-starters>

American Sexual Health Association

Sexual Health and You

<http://www.iwannaknow.org/teens/index.html>

Teens and Young Adults

<http://www.ashasexualhealth.org/sexual-health/teens-and-young-adults/>

References

Centers for Disease Control and Prevention. Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States, <http://www.cdc.gov/std/stats/sti-estimates-fact-sheet-feb-2013.pdf>.

Accessed October 14, 2014.

Getting Savvy about STI Testing

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

SH.12.SM.1 – Analyze individual responsibility about testing for and informing partners about STDs and HIV status.

SH.12.ADV.1 – Advocate for sexually active youth to get STD/HIV testing and treatment.

TARGET GRADE: High School
– Lesson 5

TIME: 50 Minutes

MATERIALS NEEDED:

- Projector and screen
- Computer with Internet access and audio equipment
- White board and markers
- “Getting Savvy about STI and HIV Testing” worksheet (one per each group of 3-4 students)

ADVANCE PREPARATION FOR LESSON:

- Log into YouTube using your district ID and password.
- Access the following websites and preview them prior to instruction:
 - *STD Zombie* public service ad: www.youtube.com/watch?v=89Cqx18fFb8
 - *CDC GetTested* website: <https://gettested.cdc.gov>
 - *Let's Talk About Sexual Health* video: <https://vimeo.com/43631114>

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. List at least two reasons why a person might choose to get tested for STIs and HIV, and at least two reasons why they might choose not to. [Knowledge]
2. Identify at least two resources for STI testing and one resource for HIV testing in their own community. [Knowledge]
3. Describe the rights young people have regarding STI and HIV testing including confidentiality and the quality of care they should receive from the provider. [Knowledge]

A NOTE ABOUT LANGUAGE:

Language is important and we've intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar—using the pronoun “they” instead of “her” or “him,” using gender neutral names in scenarios and role-plays and referring to “someone with a vulva” vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

PROCEDURE:

STEP 1: Tell your students that thinking about having sex is a perfectly normal and natural part of growing up. You just want to make sure that they understand some ways to stay healthy if and when they start to explore their sexuality with others. Tell the students that today

Getting Savvy about STI Testing

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

you will be talking about STIs and HIV, and specifically the importance of getting tested when people become sexually active.

Play the *STD Zombie* video at www.youtube.com/watch?v=89Cqx18fFb8. When the video is over, ask students: **“So this is intended to be funny, but it also brings up an important point. The zombie really wanted to eat the person, but it didn’t because they hadn’t been tested. What did you think of that?”** (5 minutes)

STEP 2: Say, **“Making the decision to get tested for STIs can be complicated. There are reasons why people choose to get tested, and reasons why people choose not to.”** As you are speaking, write on the board, “Why people get tested” and to the right of that “Why people DON’T get tested,” with a decent space between the two. Underline both.

Ask, **“What are some of the reasons why someone might choose to get tested?”** Write these on the board beneath the first heading, probing for:

- Because they had unprotected sex with someone and are now thinking they should get tested.
- Because they thought they and their partner were in a monogamous relationship (only having sex with each other) and found out later that their partner was having sex with other people.
- Because they started to experience some symptoms and didn’t know if that meant they had an STI.
- Because they were sexually assaulted and need to know whether it resulted in an STI of some kind.
- Because they’re excited about starting a new relationship and want to show their partner that they care about them.

Ask, **“If there are all these reasons why people would want to get tested, why do you think anyone would choose *not* to?”** Record these answers in the next column, probing for:

- Because they don’t want to know (discuss why people might not want to know).
 - Because they are worried about the actual test itself being painful or uncomfortable.
 - Because they’re scared of doctors’/clinicians’ offices or needles.
 - Because they’re worried that if they have an STI they’ll never be able to have sex again.
 - Because they’re nervous their parents will find out.
 - Because they don’t have transportation to get to the clinic.
 - Because they don’t have insurance or think they can’t afford to get tested.
- (10 minutes)

STEP 3: Tell students to get into small groups of 3-4 people they are seated near. Give each small group a copy of the *“Getting Savvy about STI and HIV Testing”* worksheet and have each person in the group write their name at the top. Explain by saying, **“Each group will be assigned one of the reasons people may have for not wanting to get tested for STIs that we wrote on the board. Your task is two-fold. First your group is to come up with at least two things someone could say in response to encourage them to get tested. You should write these responses down on your group’s worksheet. Then, you**

Getting Savvy about STI Testing

Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

will go to the following website and find two possible locations nearby where a teen could get tested for STIs and one possible nearby location where a teen could get tested for HIV. Write the name and location of the these testing sites on your group's worksheet."

***Note to the Teacher:** Write the website URL on the board while you are talking (<https://gettested.cdc.gov>) and instruct students to use classroom computers, tablets, or their phones to conduct the search.*

Review each of the reasons that was generated on the board for why people might *not* want to get tested and assign a different reason to each of the small groups.

***Note to the Teacher:** The number of small groups and number of reasons will differ for each class. It's okay if more than one group is working on the same reason as this will just generate a wider variety of responses.*

Give students 10 minutes to complete their three-part task. (5 minutes)

STEP 4: After ten minutes has passed, gather students' attention and have them stop working. Have each small group share the reason they were assigned, one of their responses, and one of the community resources they found for STI or HIV testing. Continue until you have heard from each small group. Process the activity by asking the following questions:

- What was it like to do that?
- What was [insert responses] about it?
- What did you notice about the groups' responses? Did anything surprise you?
- What does this tell you about how you might support a friend or romantic partner who is nervous or hesitant to get tested for STIs? (20 minutes)

STEP 5: Say, "Knowing you should get tested for STIs and HIV and actually going to *see* a health care provider can be two different things. People have real concerns about what will happen during the test, how they will be treated by the staff, and if their visit will be kept confidential. This next video will address some of those concerns." Play the *Let's Talk about Sexual Health* video (<https://vimeo.com/43631114>). Once the video is over, process by asking students the following questions:

- What do you think of what you saw in the video?
- Did anything surprise you?
- Did you learn any new information from the video? If so, what was it?

Close the lesson by reminding students that the only way for someone to know whether they have an STI is to get tested, and that there are places in the community—such as the clinics that they found in class today—where teens can be tested confidentially and usually for no cost or low cost. Remind students that, like in the video, they need to be honest with their health provider about any sexual contact that they may have had, because there are different tests and different types of treatment for the different STIs.

Getting Savvy about STI Testing

*Lesson Plan from Rights, Respect,
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Tell students, **“In California, anyone 12 years old and older can consent to their own STI and HIV testing and treatment without notifying parents or guardians if they do not wish to. In addition, students may be released from school by a staff member in order to attend this appointment during the school day. Please ask your School Nurse, Counselor, or other designated staff member to assist you with being released for a confidential appointment. We will be exploring your rights to confidential sexual health services more during the next lesson.”** (10 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

Learning Objectives 1 and 2 will be accomplished during the group brainstorm and resulting small group activity. Learning Objective 3 will be accomplished during the final video and subsequent discussion.

Getting Savvy about STI and HIV Testing

Names of Group Members:

- 1) _____ 2) _____
3) _____ 4) _____

Instructions:

- Write the reason someone might not want to get tested for STIs/HIV that your group was assigned.
- Create two responses that will address their concern about being tested.
- Go to the assigned website and find two STI and one HIV testing locations that are nearby.

A) Reason we were assigned why someone might not want to get tested for STIs/HIV:

Response 1

Response 2

B) Three local STI testing sites found here: <https://gettested.cdc.gov>

- 1) _____
2) _____
3) _____

C) Three local HIV testing sites found here: <https://gettested.cdc.gov>

- 1) _____
2) _____
3) _____

HIV Now – Testing and Treatment

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

This lesson was created by staff at San Diego Unified School District. We thank them for allowing us to re-print it for the CA-version.

NSES ALIGNMENT:

Students will be able to:

SH.12.CC.1 – Describe common symptoms of and treatments for STDs, including HIV.

SH.12.AI.2 – Access medically-accurate prevention information about STDs, including HIV.

TARGET GRADE: High School
– Lesson 6

TIME: 50 Minutes

MATERIALS NEEDED:

- Projector and screen
- Computer with Internet access and audio equipment
- White board and markers
- *HIV Now – Testing and Treatment Today!* - one per student
- *HIV 101, PEP Information Sheet and PrEP Information Sheet* - one per student
- *HIV Now - Testing and Treatment Today! Answer Key* - one per teacher

ADVANCE PREPARATION FOR LESSON:

- Log into YouTube using your district ID and password.
- Access the following website and preview it prior to instruction.
- <https://www.youtube.com/watch?v=9CmnJvGJFGY>

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Define HIV, AIDS, PrEP, PEP and ART.
2. List at least two modes of transmission for HIV.
3. Identify at least three medical advances regarding the prevention of and treatment for HIV.
4. Recall at least two stereotypes about people living with HIV.

A NOTE ABOUT LANGUAGE:

Language is really important and we've intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar - using the pronoun "they" instead of "her" or "him," using gender neutral names in scenarios and role-plays and referring to "someone with a vulva" vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

PROCEDURE:

STEP 1: Say, "Today's lesson is about HIV; the Human Immunodeficiency Virus; and all of the medical advances related to preventing and treating the infection. Since scientific advances are happening so quickly, even though you may have heard about HIV before, it's important to get an update on new information."

Explain that students will be given a worksheet with a list of research questions about HIV and three fact sheets. Explain they will work in small groups to find the answers to the research questions on the fact sheets.

Explain that when the groups are done, there will be time to review the information together as a class to make sure everyone found the correct answer and to ask any other questions students might have about HIV. Distribute the four worksheets and divide students into

HIV & AIDS

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

small groups of three or four students each. Give students 15 minutes to complete the worksheet together.

Note to the Teacher: *Mingle around to each group ensuring they are staying on task and clarifying any questions they might have as they are working. (20 minutes)*

STEP 2: When 15 minutes has passed, let students know they should complete their work and gather their attention as a large group. Review the answers to each question by having each group provide an answer to one question in a round-robin fashion. Use the Answer Key to correct any misinformation or clarify as needed. (15 minutes)

STEP 3: Next, ask students to verbally brainstorm anything they have heard about what it's like to live with HIV probing for existing stereotypes that might exist. Once you have solicited a few responses, ask students the following, "Now that you know correct information about HIV, why do you think people believe those myths and stereotypes about it?" Probe for people being afraid of becoming infected with HIV, people being confused or uneducated about how it's transmitted, people having dated information about the infection, etc. (5 minutes)

STEP 4: Say, "HIV is an issue impacting people around the world. There are international efforts to try and reduce the number of people living with HIV and help those already infected live longer and healthier lives. UNICEF is an international organization that works on issues related to HIV and they partnered with Katy Perry to create a music video related to the topic." Play the song and music video found here:

<https://www.youtube.com/watch?v=9CmnJvGJFGY>

Process by asking the following questions or having them turn and talk with someone seated next them:

- **What was it like to hear/see that music video?**
- **What was (insert student responses) about it?**
- **Did you notice anything about the young people in the music videos and/or their messages?**
- **How are these young people similar to people you might know or see in your community?**
- **Since there are myths about people living with HIV and how HIV is transmitted, how could seeing people living with HIV help dispel some of these myths?**
- **How could you help dispel some of the myths about people living with HIV?**

(10 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT THE CONCLUSION OF THIS LESSON:

The HIV Testing and Treatment Now worksheet will assess learning objectives one, two and three while the discussion after the music video will assess learning objective four.

HOMEWORK:

None.

HIV NOW – TESTING AND TREATMENT TODAY!

Name _____ Date _____

HIV and AIDS are terms that you might have heard before and you might already know a bit about them! Did you know that people living with HIV—with the help of medication—can lead happy healthy lives and have normal life expectancies? There has been a lot of progress in HIV prevention and treatment over the past couple of decades! For example, medication called Antiretroviral Therapy (or ART) can dramatically prolong lives of many people living with HIV and reduce the likelihood of transmitting HIV to others.

Instructions:

1. Please use the handouts provided by your teacher to answer the questions about HIV below:

Research: (Please write the answer to your questions on another sheet of paper.)

1. What is HIV?
2. If a person gets HIV, what does it do to their body?
3. How does someone know if they have HIV?
4. Is there a cure for HIV?
5. How does HIV get passed from one person to another?
6. What are some of the highest risk behaviors for spreading HIV from one person to another?
7. Can a person get HIV from injecting drugs?
8. If someone does inject drugs, what can they do to lower their risk of getting HIV?
9. What are some ways in which you cannot get HIV?
10. There are only two certain ways to avoid getting HIV: Abstinence from injection drug use and abstinence from _____.
11. What kinds of HIV tests are available?
12. What is PrEP and who should consider taking this medication?

IT'S A FACT – In California, anyone 12 years old and older can consent to PrEP without notifying parents if they do not wish to.

13. What is PEP and who should consider taking this medication?
14. What is some medical advice given to people living with HIV?
15. What is antiretroviral therapy (or ART) and what can it do for people living with HIV?

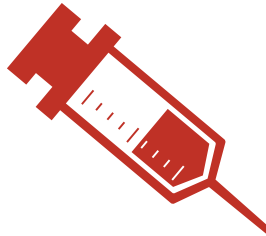
HIV 101

Without treatment, HIV (human immunodeficiency virus) can make a person very sick and even cause death. Learning the basics about HIV can keep you healthy and prevent transmission.

HIV Can Be Transmitted By



Sexual Contact



Sharing Needles
to Inject Drugs



Mother to Baby
during pregnancy, birth,
or breastfeeding

HIV Is **NOT** Transmitted By



Air or Water



Saliva, Sweat, Tears, or
Closed-Mouth Kissing



Insects or Pets



Sharing Toilets,
Food, or Drinks

Protect Yourself From HIV

- Get tested at least once or more often if you are at risk.
- Use condoms the right way every time you have anal or vaginal sex.
- Choose activities with little to no risk like oral sex.
- Limit your number of sex partners.
- Don't inject drugs, or if you do, don't share needles or works.



- If you are at very high risk for HIV, ask your health care provider if pre-exposure prophylaxis (PrEP) is right for you.
- If you think you've been exposed to HIV within the last 3 days, ask a health care provider about post-exposure prophylaxis (PEP) right away. PEP can prevent HIV, but it must be started within 72 hours.
- Get tested and treated for other STDs.



Keep Yourself Healthy And Protect Others If You Are Living With HIV

- Find HIV care. It can keep you healthy and greatly reduce your chance of transmitting HIV.
- Take your medicines the right way every day.
- Stay in HIV care.



- Tell your sex or drug-using partners that you are living with HIV. Use condoms the right way every time you have sex, and talk to your partners about PrEP.
- Get tested and treated for other STDs.



For more information please visit www.cdc.gov/hiv

Pre-exposure Prophylaxis (PrEP) for HIV Prevention

Frequently Asked Questions

What is PrEP?

“PrEP” stands for preexposure prophylaxis. The word “prophylaxis” (pronounced pro fil ak sis) means to prevent or control the spread of an infection or disease. The goal of PrEP is to prevent HIV infection from taking hold if you are exposed to the virus. This is done by taking a pill that contains 2 HIV medications every day. These are the same medicines used to stop the virus from growing in people who are already infected.

Why take PrEP?

The HIV epidemic in the United States is growing. About 50,000 people get infected with HIV each year. More of these infections are happening in some groups of people and some areas of the country than in others.

Is PrEP a vaccine?

No. PrEP medication does not work the same way as a vaccine. When you take a vaccine, it trains the body’s immune system to fight off infection for years. You will need to take a pill every day by mouth for PrEP medications to protect you from infection. PrEP does not work after you stop taking it. The medication that was shown to be safe and to help block HIV infection is called “Truvada” (pronounced tru va duh). Truvada is a combination of 2 drugs (tenofovir and emtricitabine). These medicines work by blocking important pathways that the HIV virus uses to set up an infection. If you take Truvada as PrEP daily, the presence of the medication in your bloodstream can often stop the HIV virus from establishing itself and spreading in your body. If you do not take the Truvada pills every day, there may not be enough medicine in your blood stream to block the virus.

Should I consider taking PrEP?

PrEP is not for everyone. Doctors prescribe PrEP for some patients who have a very high risk of coming in contact with HIV by not using a condom when they have sex with a person who has HIV infection. You should consider PrEP if you are a man or woman who sometimes has sex without using a condom, especially if you have a sex partner who you know has HIV infection. You should also consider PrEP if you don’t know whether your partner has HIV infection but you know that your partner is at risk (for example, your partner inject drugs or is having sex with other people in addition to you) or if you have recently been told by a health care provider that you had a sexually transmitted infection. If your partner has HIV infection, PrEP may be an option to help protect you from getting HIV infection while you try to get pregnant, during pregnancy, or while breastfeeding.

How well does PrEP work?

PrEP was tested in several large studies with men who have sex with men, men who have sex with women, and women who have sex with men. All people in these studies (1) were tested at the beginning of the trial to be sure that they did not have HIV infection, (2) agreed to take an oral PrEP tablet daily, (3) received intensive counseling on safer-sex behavior, (4) were tested regularly for sexually transmitted infections, and (5) were given a regular supply of condoms.

Several studies showed that PrEP reduced the risk of getting HIV infection.

- Men who have sex with men who were given PrEP medication to take, were 44% less likely to get HIV infection than were those men who took a pill without any PrEP medicine in it (a placebo). Forty-four percent was an average that included men who didn't take the medicine every day and those who did. Among the men who said they took most of their daily doses, PrEP reduced the risk of HIV infection by 73% or more, up to 92% for some.
- Among men and women in couples in which one partner had HIV infection and the other partner initially did not ("HIV-discordant" couples), those who received PrEP medication were 75% less likely to become infected than those who took a pill without any medicine in it (a placebo). Among those who said they took most of their daily doses, PrEP reduced the risk of HIV infection by up to 90%.
- In one study of men and women who entered the study as individuals (not as a couple), PrEP worked for both men and women in one study: those who received the medication were 62% less likely to get HIV infection; those who said they took most of their daily doses, were 85% less likely to get HIV infection. But in another study, only about 1 in 4 women (<26%) had PrEP medication found in their blood when it was checked. This indicated that few women were actually taking their medication and that study found no protection against HIV infection.

More information on the details of these studies can be found at www.cdc.gov/hiv/prep.

Is PrEP safe?

The clinical trials also provided safety information on PrEP. Some people in the trials had early side effects such as an upset stomach or loss of appetite but these were mild and usually went away within the first month. Some people also had a mild headache. No serious side effects were observed. You should tell your doctor if these or other symptoms become severe or do not go away.

How can I start PrEP?

If you think you may be at high risk for HIV, talk to your doctor about PrEP. If you and your doctor agree that PrEP might reduce your risk of getting HIV infection, you will need to come in for a general health physical, blood tests for HIV, and tests for other infections that you can get from sex partners. Your blood will also be tested to see if your kidneys and liver are functioning well. If these tests show that PrEP medicines are likely to be safe for you to take and that you might benefit from PrEP, your doctor may give you a prescription after discussing it with you.

Taking PrEP medicines will require you to follow-up regularly with your doctor. You will receive counseling on sexual behaviors and blood tests for HIV infection and to see if your body is reacting well to Truvada. You should take your medicine every day as prescribed, and your doctor will advise you about ways to help you take it regularly so that it stands the best chance to help you avoid HIV infection. Tell your doctor if you are having trouble remembering to take your medicine or if you want to stop PrEP.

If I take PrEP can I stop using condoms when I have sex?

You should not stop using condoms because you are taking PrEP. If PrEP is taken daily, it offers a lot of protection against HIV infection, but not 100%. Condoms also offer a lot of protection against HIV infection if they are used correctly every time you have sex, but not 100%. PrEP medications don't give you any protection from other infections you can get during sex, but condoms do. So you will get the most protection from HIV and other sexual infections if you consistently take PrEP medication and consistently use condoms during sex.

How long do I need to take PrEP?

You should discuss this with your doctor. There are several reasons that people stop taking PrEP. If your risk of getting HIV infections becomes low because of changes that occur in your life, you may want to stop taking PrEP. If you find you don't want to take a pill every day or often forget to take your pills, other ways of protecting yourself from HIV infection may work better for you. If you have side effects from the medication that are interfering with your life or if blood tests show that your body is reacting to PrEP in unsafe ways, your doctor may stop prescribing PrEP for you.

PEP 101

If you may have been exposed to HIV* in the last 72 hours, talk to your health care provider, an emergency room doctor, or your local health department about PEP right away. PEP can reduce your chance of becoming HIV-positive.

What Is PEP?

- PEP, or post-exposure prophylaxis, means taking medicines after you may have been exposed to HIV to prevent becoming infected.
- **PEP must be started within 72 hours (3 days) after you may have been exposed to HIV.** But the sooner you start PEP, the better. Every hour counts!
- If your health care provider prescribes PEP, you'll need to take it once or twice daily for 28 days.
- PEP is effective in preventing HIV, but not 100%. Always use condoms with sex partners and use safe injection practices.



Is PEP Right For You?

If you're HIV-negative or don't know your HIV status, and in the last **72 hours** you



- May have been exposed to HIV during sex (for example, if the condom broke),
- Shared needles and works to prepare drugs, or
- Were sexually assaulted,



Talk to your health care provider, an emergency room doctor, or your local health department about PEP right away.

Can I Take a Round of PEP Every Time I Have Sex Without a Condom?



- No. PEP should be used only in emergency situations.
- If you are at very high risk for HIV, ask your health care provider about daily medicine to prevent HIV, called pre-exposure prophylaxis (PrEP).



** People are exposed to HIV by coming into contact with certain body fluids of a person with HIV, including blood, semen, and vaginal fluids. This usually happens through vaginal or anal sex or by sharing needles.*

For more information please visit www.cdc.gov/hiv

ANSWER KEY

1) What is HIV?

HIV is a virus spread through certain body fluids that attacks the body's immune system, specifically the CD4 cells, often called T cells.

2) If a person gets HIV, what does it do to their body?

Over time, if untreated, HIV can destroy so many T cells that the body can't fight off infections and disease. Opportunistic infections or cancers take advantage of a very weak immune system and signal that the person has AIDS.

3) How does someone know if they have HIV?

The only way to know for sure whether you have HIV is to get tested.

4) Is there a cure for HIV?

No effective cure currently exists for HIV. But with proper medical care, HIV can be controlled. Treatment for HIV is called antiretroviral therapy or ART. If taken the right way, every day, ART can dramatically prolong the lives of many people infected with HIV, keep them healthy, and greatly lower their chance of infecting others.

5) How does HIV get passed from one person to another?

Only certain body fluids—blood, semen, pre-seminal fluid (pre-cum), rectal fluids, vaginal fluids, and breast milk—from a person who has HIV can transmit HIV. These fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream (from a needle or syringe) for transmission to occur. Mucous membranes are found inside the rectum, vagina, penis, and mouth.

6) What are some of the highest risk behaviors for spreading HIV from one person to another?

The highest risk behaviors for spreading HIV are having unprotected anal or vaginal sex with someone who has HIV or sharing needles or syringes with someone who has HIV.

7) Can a person get HIV from injecting drugs?

Yes. A person's risk for getting HIV is very high if they use needles or works (such as cookers, cotton, or water) after someone with HIV has used them.

8) If someone does inject drugs, what can they do to lower their risk of getting HIV?

If someone injects drugs, they can lower their risk for getting HIV by using only new, sterile needles and works each time they inject.

(Continued on back.)

ANSWER KEY

9) What are some ways in which you cannot get HIV?

HIV is not transmitted through saliva, tears, or sweat; by mosquitoes, ticks, or other blood-sucking insects; through the air or food; or by casual contact with another person such as hugging or shaking hands.

10) There are only two certain ways to avoid getting HIV: Abstinence from injection drug use and abstinence from sexual intercourse including anal, vaginal, and oral sex.

11) What kinds of HIV tests are available?

There are three types of tests available: antibody tests, combination or fourth-generation tests, and nucleic acid tests (NAT). HIV tests may be performed on blood, oral fluid, or urine. For the rapid antibody screening test, results are ready in 30 minutes or less. The other tests take 1-2 weeks for results.

12) What is PrEP and who should consider taking this medication?

Pre-exposure prophylaxis (or PrEP) is when people at very high risk for HIV take HIV medicines daily to lower their chances of getting infected. PrEP helps prevent an HIV-negative person from getting HIV from a sexual or injection-drug-using partner who's HIV-positive.

IT'S A FACT – In California, anyone 12 years old and older can consent to PrEP without notifying parents if they do not wish to.

13) What is PEP and who should consider taking this medication?

PEP (post-exposure prophylaxis) means taking antiretroviral medicines (ART) after being potentially exposed to HIV to prevent becoming infected. PEP should be used only in emergency situations and must be started within 72 hours after a recent possible exposure to HIV.

14) What is some medical advice given to people living with HIV?

Start medical care and begin HIV treatment as soon as possible; visit your health care provider regularly; always take your medicine as directed; disclose HIV status to your sex and needle-sharing partners; seek emotional support.

15) What is antiretroviral therapy (or ART) and what can it do for people living with HIV?

Treatment for HIV is called antiretroviral therapy or ART. If taken the right way, every day, ART can dramatically prolong the lives of many people infected with HIV, keep them healthy, and greatly lower their chance of infecting others.

Know Your Options

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

PR.12.CC.1 – Compare and contrast the advantages and disadvantages of abstinence and other contraceptive methods, including condoms.

PR.12.CC.2 – Define emergency contraception and describe its mechanism of action.

TARGET GRADE:

High School – Lesson 7

TIME: 50 Minutes

MATERIALS NEEDED:

- White board and markers
- Computer with PowerPoint
- PowerPoint: “Know Your Options”
- 6 computer or tablets with Internet access
- “Teen Options #1-6” worksheets (one copy of each)
- “Wrenches” worksheet (one copy cut into 6 cards)
- “Wrenches” Teacher’s Resource
- Birth Control Kit to show students examples of each birth control method
- “Respect Yourself, Protect Yourself” brochures (one per student)
- **Homework:** “Emergency Contraception Investigation” (one per student)
- “Method: Emergency Pill” handout (optional for students who might not have Internet access at home)
- “Emergency Contraception Investigation” Answer Key

ADVANCE PREPARATION FOR LESSON:

- Review information about birth control methods in order to accurately answer students’ questions and clarify misinformation. A detailed overview on each method can be found in this “All About Contraception” guide: www.your-life.com/static/media/pdf/educational-material/waiting-room/WCD-Contraception-Compendium-Screen.pdf
- Have this website on the student computers or tablets: www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me
- Print one copy each of the “Teen Worksheets” and print one copy of the “Wrenches Worksheet” and cut into six separate cards.

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. List at least three methods of effective birth control for teens. [Knowledge]
2. Analyze at least three factors that have an impact on a teen’s ability to successfully use birth control. [Knowledge]
3. Recall at least two reasons why a teen might want to use birth control that are independent from preventing pregnancy. [Knowledge]

A NOTE ABOUT LANGUAGE:

Language is really important and we’ve intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar —using the pronoun “they” instead of “her” or “him,” using gender neutral names in scenarios and role-plays and referring to “someone with a vulva” vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

PROCEDURE:

STEP 1: Introduce the topic by saying, “Today we’re going to look at contraception—or birth control—such as abstinence, the pill,

Know Your Options

*A Lesson Plan from Rights, Respect,
Responsibility: A K-12 Curriculum*

condoms, the shot, etc. As you might remember from lessons in middle school, in order for a pregnancy to occur, a sperm must fertilize an egg and implant in a uterus. This typically happens during vaginal sex when a penis ejaculates into a vagina and the semen—which contains the sperm—travels through the cervix, uterus, and fallopian tubes to come into contact with an egg. When a fertilized egg implants in a uterus, this is called a pregnancy.

The only 100% effective way to avoid a pregnancy is to not have vaginal sex; however, if different sex people do decide to have sex, then contraception—or birth control—can safely and effectively decrease the risk of an unplanned pregnancy if used correctly and consistently.

Today, we're going to look at what might affect a person's decision to use birth control, whether to prevent pregnancy or for other reasons that have nothing to do with sex. Let's start by brainstorming why a person might want to use birth control for either sexual or non-sexual reasons." Create two columns on the white board and write in one column all of the reasons the students suggest, making sure to include the following:

- Don't want to start a pregnancy
- Don't want to get an STI
- Want to have shorter or lighter periods
- Need to regulate hormones because of a health issue
- Want to reduce acne
- Want to have predictable periods or less cramping during periods

Ask, "**Who does most of this list apply to?**" Probe for "people with ovaries or a uterus" (although your students will likely say "girls" or "women"). Ask, "**How do their partners come into play? What rights and responsibilities do they have?**"

Ask, "**Which of these could apply to people in same-sex relationships?**" After a few students have responded, say, "**We typically tend to think of different-sex couples as being the only ones at risk for pregnancy. But some of these concerns apply to all people regardless of their sexual orientation or gender. Please keep this mind as we go through the lesson.**"

Next say, "**So there are a lot of reasons why a person might choose to use contraception or birth control in addition to preventing pregnancy. Now let's brainstorm some of the factors that might impact whether a person or a couple uses birth control or not.**" Write their suggestions on the board in the other column, including the following if students don't suggest them:

- Afraid of parents/caregivers finding out
- Falsely believe they need parental permission to get birth control
- Don't have enough money
- Don't have a car/transportation to get method
- Health reasons
- Embarrassed to go to a clinic or pharmacy to get birth control
- Don't feel comfortable touching their or their partner's genitals to use method correctly

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- Don't know what birth control methods are available
- Unsure if partner is willing to use birth control (10 minutes)

STEP 2: Divide students into 6 groups. Say, **"We just created two lists of reasons why teens might want to use birth control and some things that might get in their way of actually doing so. Now we're going to look at some scenarios of different teens who are considering using birth control. You will get some information about each teen and, using the information you have been given, you will take the 'Which Contraception is Right for Me?' quiz on this website: www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me."** Write the website address and name of quiz on the board.

Tell students, **"You may not know the answer to every quiz question based on the information you are given, so it's okay to guess on some answers."** Explain that this online resource is great because of the thorough information and how useful the technology is in figuring out which method is best depending on a person's circumstances. Be sure to highlight, however, that while this resource targets cisgender girls and women in different-sex relationships, much of the information applies to people of all genders and orientations.

Explain to students, **"Once you have completed the quiz, write down the top three ranked birth control methods that were recommended on your worksheet."** Distribute the 6 *"Teen Options"* worksheets, one to each group, and ask them to move to one of the six computer stations that have the website already displayed on them. Give students about five minutes to complete the task. (12 minutes)

STEP 3: Once five minutes have passed, ask the groups to stop working. Say, **"Now that you have come up with the top three birth control methods recommended by this website for your teen, take a few minutes to discuss why you think those three methods were the ones most highly recommended. Write down ideas from your group below each method on your worksheet."** Circulate among the groups while they are working to answer questions, asking them to consider all of the reasons why a particular method of birth control might have been recommended.

After five minutes, ask the groups to stop working and to select one method and reason from their list that they will share with the entire class. Call on each group and have them share the information about their teen, one of the methods recommended for their teen, and the reason why the group believes this method was recommended. As they talk about the method that they recommend, show students an example of this particular method from the Contraceptive Kit provided to your school.

Note to the Teacher: *Clear up any misinformation and provide accurate information as necessary. The **"All About Contraception"** guide and the **"Respect Yourself, Protect Yourself"** brochure have helpful background information.* (5 minutes)

STEP 4: Explain by saying, **"Next we will rotate papers so each group gets a new teen to look at. This time a 'wrench' will be thrown into your teen's plans to use birth control. So take a look at your teen, the methods recommended for them, and the 'wrench'— or thing that could get in the way of using the methods. Then, figure out how your teen could deal with that wrench in order to successfully use birth**

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control. The ideas must be realistic for teens in your community and not a Hollywood movie ending! So now please pass your worksheet clockwise to the next group closest to you."

Then distribute a "*Wrench*" card to each group that matches the character they have and give them five minutes to discuss and record what they would recommend. (5 minutes)

STEP 5: After five minutes have passed, ask students to stop working. Ask for a few volunteers to share what their 'wrench' was and the ideas they came up with to address that factor. Use the "*Wrenches*" Teacher's Resource to offer additional ideas students may not have thought of. While groups are reporting, make sure to affirm whether their ideas are realistic for teens in your community. Have students return to their original seats. (8 minutes)

STEP 6: Process the entire activity by asking the following discussion questions:

- **What was it like to do that?**
- **What was [insert student responses] about it?**
- **Did you notice anything about the methods that were recommended most highly for the teens? Would you recommend other methods for your teen that might be different from the quiz results?**
- **Since most birth control is geared towards people with ovaries and a uterus, how might someone who doesn't have these body parts feel about accessing and using contraception? What role should the partner of a person who can get pregnant play in this process?**
- **How could you help a friend who wanted to use birth control? (5 minutes)**

STEP 7: Open the "*Know Your Options*" PowerPoint presentation and briefly review the slides that summarize each of the FDA-approved birth control methods that the students just researched. You may hold up the demonstration birth control methods in your Birth Control Kit to further illustrate these methods as you read through these slides.

Tell students that there is one additional birth control method that is not mentioned in the presentation because this method is permanent and not reversible. Tell students, **"A tubal ligation, sometimes called "getting your tubes tied," is a safe and effective surgical procedure that permanently prevents pregnancy by closing or blocking the fallopian tubes. So even though an egg leaves an ovary into a fallopian tube once a month during ovulation, the tubes are blocked so a sperm can't get to an egg and cause a pregnancy. A tubal ligation will not protect against STI or HIV transmission, and a person needs to be 18 years old or have the consent of their parent or legal guardian in order to receive this procedure."**

STEP 8: Distribute copies of the "*Respect Yourself, Protect Yourself*" brochures and tell students that this brochure contains information on all FDA-approved contraceptive methods. Remind them that it is important for everyone to know about contraception because even if they might not use it personally, they might have friends in sexual relationships with someone of a different sex, or be a partner of someone in a different-sex relationship, and knowledge about protecting one's health is power. Tell students, **"In California, anyone of any age is allowed to get birth control—including condoms and also methods that require a prescription—without notifying parents or getting their permission."**

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In addition, students may be released from school by a staff member, such as a School Nurse or Counselor, to attend a sexual healthcare appointment at a clinic. We will be learning more about this in another lesson."

Then distribute the "*Emergency Contraception Investigation*" homework sheet and explain that they will be investigating Emergency Contraception and circumstances in which someone might use this method. (5 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The small group activity will accomplish the Learning Objective 1 while the initial brainstorm will accomplish Learning Objectives 2 and 3.

HOMEWORK:

"*Emergency Contraception Investigation*" homework sheet, in which students will investigate this method by using an online resource, or please print the "*Method: Emergency Pill*" handout if students do not have Internet access at home. They will also create scenarios like the ones in class to describe when someone might choose this method.

Teen Options #1 – Marissa

Marissa is someone who always sees the best in people. She is pretty happy most of the time except for when she gets her periods. She gets really bad cramps and a super heavy period and sometimes even has to stay home from school because her period is so bad. Otherwise, Marissa loves to be carefree and spontaneous and feels that getting pregnant now would really affect her future. She's not with anyone right now and is fine with that, since she has such a great group of friends.

Instructions: Go to <http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me> and, representing Marissa, take the “Which Contraception is Right for Me?” quiz. Write the top three ranked birth control methods from the quiz results below.

1. _____

2. _____

3. _____

Our Recommended Method: _____

Teen Options #2 – Chantal

Chantal has always been the most organized person in her group of friends. She never turns in her school assignments late and loves to have a full but predictable schedule. Lately, her acne has gotten really bad, so her Mom took her to the dermatologist. So far, the medicine they've tried hasn't really worked.

Instructions: Go to <http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me> and, representing Chantal, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods from the quiz results below.

1. _____

2. _____

3. _____

Our Recommended Method: _____

Teen Options #3 – Nicole

Nicole is a huge supporter of environmental issues and is president of the high school environmental awareness club. She is a distance runner, eats only organic food, and rarely takes medicine since she believes the natural approach is best. She's always been attracted to girls but recently she's been flirting with this guy that just transferred to her school. She thinks he likes her too but doesn't know where this all might lead.

Instructions: Go to <http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me> and, representing Nicole, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods from the quiz results below.

1. _____

2. _____

3. _____

Our Recommended Method: _____

Teen Options #4 – Yolanda

Yolanda has been in a steady and loving relationship for the past six months. For Yolanda, going to college would be huge since she would be the first in her family. Yolanda and her partner help each other study and support each other in their respective team sports. Yolanda wants to make sure she does not get pregnant until after college. She would love to find a way to not have to deal with her periods anymore.

Instructions: Go to <http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me> and, representing Yolanda, take the “Which Contraception is Right for Me?” quiz. Write the top three ranked birth control methods from the quiz results below.

1. _____

2. _____

3. _____

Our Recommended Method: _____

Teen Options #5 – Marcus

Marcus is a really hard worker and in the top 10th percentile in the junior class. He is also really cute, but super shy, and he hasn't had a serious relationship yet. He hooked up one time and had oral sex, but he got his heart broken so he's been hesitant to put himself out there again. Marcus knows there will be a big party after the home game tonight and he hopes the person he's been crushing on for a while will be there too so he can make a move. He wants to be ready just in case things go well and he hopes he doesn't chicken out from talking to them.

Instructions: Go to <http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me> and, representing Marcus, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods from the quiz results below. Note: Some of the quiz questions refer to periods, so they won't apply to Marcus.

1. _____

2. _____

3. _____

Our Recommended Method: _____

Teen Options #6 – Tatiana

Tatiana has been dating Felix for almost the entire school year and they just started having vaginal sex last week. Tatiana is really, really worried that her parents will find out. Even though they like Felix, they would freak out if they found out she was having sex. Tatiana is the oldest of five siblings, and since both her parents work, they rely on her to help with getting the kids to and from school, their homework, meals, and more. She knows that getting pregnant right now would affect everyone in her family, not just her.

Instructions: Go to <http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me> and, representing Tatiana, take the “Which Contraception is Right for Me?” quiz. Write the top three ranked birth control methods from the quiz results below.

1. _____

2. _____

3. _____

Our Recommended Method: _____

WRENCHES



WRENCH #1 – MARISSA

Doesn't feel comfortable touching her body



WRENCH #2 – CHANTAL

Doesn't have transportation



WRENCH #3 – NICOLE

Doesn't have any money



WRENCH #4 – YOLANDA

Afraid of parents/caregivers finding out



WRENCH #5 – MARCUS

Embarrassed to go to store to buy condoms



WRENCH #6 – TATIANA

Doesn't know what birth control methods are available or how Felix feels about using birth control

WRENCHES

Teacher's Resource

Wrench #1 – Marissa - Doesn't feel comfortable touching her body

- Reflect on whether discomfort might indicate she's not comfortable with her own body or does not feel ready to have sex with another person.
- Maybe use a method that does not involve someone touching their genitals (i.e. the pill, the shot, the patch, external condom, implant, etc.).
- Maybe talk with a trusted adult about why she is uncomfortable touching herself to make sure there is no history of abuse.

Wrench #2 – Chantal - Doesn't have transportation

- Maybe get a ride with a friend, partner, trusted adult, etc.
- Explore options for mass transportation and/or ride sharing.
- Delaying having sex, withdrawal, and condoms are much more easily available than any other method.

Wrench #3 – Nicole - Doesn't have any money

- Explore borrowing money or getting loan from partner, friend, or caregiver.
- Go to a clinic that works with clients with limited income and may provide services at no-cost, low-cost, or might have payment plan.
- Ask potential partner to contribute to expense to share responsibility.

Wrench #4 – Yolanda - Afraid of parents/caregivers finding out

- Reflect on whether fear of parents finding out might be connected to her not being sure or ready to have sex right now.
- Look at methods that are not visible, such as the IUD, shot, ring, and condoms, so there would not be anything for parents to find.
- Find courage to talk with parents about this important issue and decision, maybe with support from partner or friend.

Wrench #5 – Marcus - Embarrassed to go to store to buy condoms

- Reflect on whether fear or embarrassment means might not be comfortable or ready to have sex with another person right now.
- Explore other places to get condoms including health clinics, HIV testing locations, and websites that send them discretely to your home. Remind students that these website can be found on the *Student Support* website.

Wrench #6 – Tatiana - Doesn't know what birth control methods are available or how Felix feels about using birth control

- Find way to approach issue with Felix before having sex (i.e., asking him how he feels about birth control by asking him in person, texting, or emailing, etc.).
- Research methods of birth control from trusted source to educate self about available options.
- Talk with trusted adult/caregiver to learn more about what's available.

Teens Rights to Reproductive and Sexual Health Services

What are my rights to birth control, HIV and STD testing, and privacy?

Young people’s access to birth control, confidential visits with a healthcare provider, and HIV and STD testing vary from state to state. Visit www.plannedparenthood.org to find your nearest Planned Parenthood clinic. Or Google your state, county, and/or community name and “Health Department” to find a local health department clinic.

In some states a doctor may have the right to inform your parents of the services they have provided you. Find the law in your state by visiting www.sexetc.org/state

But, clinics that receive a certain type of government funding are required by law to offer confidential services, including HIV and STD testing and prescriptions for birth control, to all young people. Over 4,600 clinics nationwide receive this type of funding. That means that Planned Parenthood clinics, and many state and local health departments, hospitals, community health centers, and independent clinics all offer confidential services. Some services offered by these clinics include:

- Pelvic exams and pap tests
- Safer sex counseling
- Prescriptions for birth control
- Administering Depo-Provera (the shot) or inserting an IUD
- Counseling about abortion and abortion services

Many clinics offer free or reduced services, and you can pay in cash. If you pay for your bill by using your family’s health insurance, the bill may be sent to your parents and they may see that you have received services.

Some steps to make sure your visit is private are:

- Call the clinic or healthcare provider before you go to learn what their policies are.
- Tell the clinic staff how to contact you personally without your parents’ knowledge.
- Ask about reduced pricing, and pay in cash.

Can I get emergency contraception (aka “EC” or “the morning after pill”)?

You can take EC to prevent pregnancy after unprotected or unwanted sex. It works best if you take it 12 hours or less after unprotected sex but may still work if you take it up five (5) days after unprotected sex. It is more effective the earlier you take it. It contains a strong dose of the same hormones in regular birth control pills and will not cause an abortion.

If you are 17 or older you can go directly to a pharmacy and ask to buy emergency contraception. You can ask for Plan B or Next Choice (a generic version of Plan B). Be sure to bring ID with you. Males 17 or older can also buy EC from a pharmacy.

Girls under 17 can get emergency contraception from a health care provider or at Planned Parenthood.

How can I get a pregnancy test?

You do not need a prescription from a health care provider to get a pregnancy test. You can purchase a pregnancy test from a drugstore, grocery store, or online. They cost between \$10 and \$18. You can also get a pregnancy test at a clinic.

Where can I get condoms?

You can get condoms for free at most clinics but you can also purchase them at any drug store regardless of how old you are. Condoms cost between \$5-\$20 per box.

How can I talk about condoms and contraception with my partner?

It can be hard to talk to a partner about condoms and contraception. But unprotected sex puts you both at risk. Here are a few tips to make the conversation a success:

Know what you want and don’t want. Don’t engage in any sexual behavior that makes you uncomfortable, but always protect yourself. Remember, the more you engage in safer sex practices, the less your risk of STIs and pregnancy.

Discuss abstinence, sex, and safer Sex. Be honest about your sexual history and your sexual health. Discuss and make mutual decisions on your safer sex options. Go together to get tested for sexually transmitted infections (STIs). Educate yourself about safer sex options and make sure you are prepared to discuss them.

State what you want, and don’t want, clearly. Don’t be afraid! You have the right to protect yourself and to state your needs. If your partner doesn’t respond in a supportive way, then think about the relationship as a whole and if your partner respects and cares about you. No one should ever ask you to compromise your health and well-being!

Advocates for Youth

Established in 1980 as the Center for Population Options, Advocates for Youth champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Advocates believes it can best serve the field by boldly advocating for a more positive and realistic approach to adolescent sexual health.

If you would like more information about contraceptive access or methods of contraception, visit www.amplifyyourvoice.org/issues/contraceptiveaccess

Check out Advocates for Youth’s websites:

Advocates for Youth
www.advocatesforyouth.org

Amplify
An online youth activism hub with information, resources, and advocacy opportunities
www.amplifyyourvoice.org

MySistahs
Information and support by and for young women of color
www.mysistahs.org

YouthResource
Information by and for gay, lesbian, bisexual, transgender, and questioning youth
www.youthresource.org

Did you know? A sexually active teen who does not use birth control has a 90% chance of becoming pregnant in the first year.

Advocates for Youth shall not be liable for any direct, indirect, incidental, consequential, or any other damages resulting from the use of the information contained herein.

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www.advocatesforyouth.org



respect
yourself
protect
yourself

birth control and STD prevention
options for teens



Rights. Respect. Responsibility.

how well do they work?

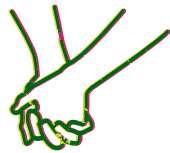
METHODS YOU CAN USE TO PREVENT PREGNANCY

PREVENTING PREGNANCY AND STDs, INCLUDING HIV

the only methods you can use that prevent pregnancy AND reduce the risk of STDs, including HIV:

abstinence

100% EFFECTIVE
in preventing pregnancy and STDs, including HIV when used consistently and correctly every time



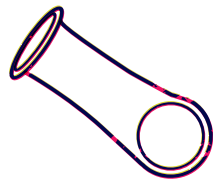
male condom

98% EFFECTIVE
against pregnancy, **99% EFFECTIVE** against HIV, and also reduces the risk of many other STDs when used consistently and correctly every time



female condom

95% EFFECTIVE
against pregnancy and may reduce the risk of STDs, including HIV, when used consistently and correctly every time



did you know?

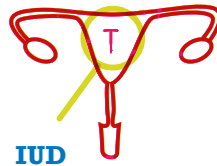
Dental dams as a barrier between the mouth and genitals may reduce the risk of getting an STD, including HIV, through oral sex.

Remember to use your protection method each and every time you have sex.

PREVENTING PREGNANCY

MORE EFFECTIVE

Less than 1/100 women will get pregnant in one year using these methods



IUD



implant

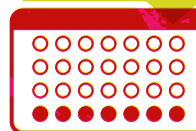
With typical use, less than 8/100 women will get pregnant in one year using these methods

* GET REPEAT INJECTIONS ON TIME.



Depo; the Shot

* TAKE A PILL EACH DAY.



pills

* KEEP IN PLACE, CHANGE ON TIME.



ring



patch

WHEN USED CORRECTLY AND EVERY TIME LESS THAN 1/100 WOMEN WILL GET PREGNANT USING THESE METHODS IN ONE YEAR

With typical use, between 15/100 and 21/100 women will get pregnant in one year using these methods

* USE CORRECTLY EVERY TIME YOU HAVE SEX.



male condom



diaphragm



female condom



sponge



cervical cap

CERVICAL CAP AND SPONGE ARE LESS EFFECTIVE FOR WOMEN WHO HAVE GIVEN BIRTH.

WHEN USED CORRECTLY AND EVERY TIME

2/100

6/100

5/100

9/100

WOMEN WILL GET PREGNANT USING THESE METHODS IN ONE YEAR

LESS EFFECTIVE

With typical use about 29/100 women will get pregnant in one year using these methods



* USE CORRECTLY EVERY TIME YOU HAVE SEX.

spermicide



withdrawal

WHEN USED CORRECTLY AND EVERY TIME

18/100

4/100

WOMEN WILL GET PREGNANT USING THESE METHODS IN ONE YEAR

LEAST EFFECTIVE

85/100 women will get pregnant in one year using no method



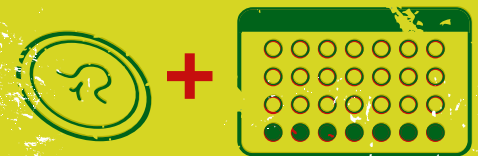
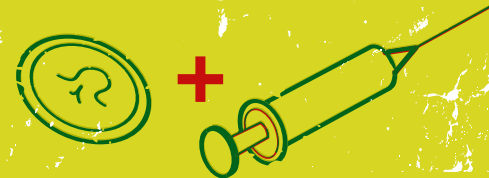
vaginal-penile sex without protection

Be prepared! Use protection the first time you have sex.

Find a method you like and stick with it.

two methods are better than one

(for example a condom and the patch or a condom and the pill).



One method is better than none!

Both you and your partner are responsible for protection.

METHOD: EMERGENCY PILL



(often known as the “morning after pill”)

HOW EFFICIENT IS IT?

Reasonable efficacy when used as directed.

HOW DOES IT WORK?

It typically contains hormones that are similar to oral contraceptives, but are much higher dosed. It changes the womb, that a fertilized egg cannot implant there. It may prevent or delay an egg from being released. An emergency pill is to be taken as soon as possible after unprotected sex or if you suspect that your chosen method of contraception has failed, e.g. torn condom.

HOW DO I USE IT?

Take it ideally within 12 hours, but no later than 3 to 5 days after unprotected intercourse, depending on the type of pill. The sooner you take it the more efficient it will be.

WOULD THIS METHOD SUIT ME?

This emergency method of contraception is only intended as a back-up method. Do not use it regularly!

- It can be used if unprotected sex has taken place or if another method of contraception has failed, e.g. torn condom or forgotten pill.
- After using emergency contraception you should use another form of contraception for the rest of your cycle to protect yourself if you do not want to become pregnant.



SUMMARY

HORMONAL METHODS

PLEASE TALK TO YOUR HEALTHCARE PROFESSIONAL TO FIND OUT IF THIS METHOD IS RIGHT FOR YOU

	Injection	Contraceptive Implant	Emergency Pill
Method	Progestogen injection. Prevents sperm reaching egg and egg from being released.	One or two small rods containing the hormone progestogen which is inserted under the skin in the arm by healthcare professionals. Prevents egg from being released and sperm from reaching egg.	Contains hormones that are similar to oral contraceptives, but are much higher dosed. It changes the womb, that a fertilized egg cannot implant there. It may prevent or delay an egg from being released.
Advantages	Lasts for 12 weeks. Can be used if you are breastfeeding.	Effective for three up to five years, but reversible. You don't have to remember to take a pill. Contraceptive implants are reversible, but not easily reversible.	If you've had unprotected sex or a method of contraception has failed, this method can stop you from getting pregnant.
Considerations	Return to fertility may be delayed. Weight gain is possible. Not promptly reversible in case of side effects.	Requires a small surgical procedure and has to be applied and removed by a trained physician. Should be taken as soon as possible after unprotected intercourse.	Should be taken as soon as possible after unprotected intercourse. The sooner a woman takes it the more efficient it will be.
Efficacy	Over 99% efficient when used properly.	Over 99% efficient when used properly.	Risk of pregnancy is substantially reduced with highest efficiency when taken within 12 hours of unprotected intercourse.
STI and HIV Protection	No protection against STIs or HIV/AIDS.	No protection against STIs or HIV/AIDS.	No protection against STIs or HIV/AIDS.

EMERGENCY CONTRACEPTION INVESTIGATION

HOMEWORK (HS-7)

Name _____ Date _____

Emergency Contraception – sometimes referred to as “EC” or the “Morning After Pill” – is another birth control method that we did not explore in much detail in class today. This particular method is a bit different than the other methods that we explored, all of which would be used in advance of – or at the same time as – having vaginal sex. EC is a method that is used after having vaginal sex and only in cases when a back-up method is needed. If a pregnancy has started already, EC will not affect this existing pregnancy; EC can only decrease the chance of becoming pregnant if a pregnancy has not already occurred.

Instructions:

1. Please visit this website (or see the handout provided by your teacher) to answer the questions about EC below:

www.your-life.com/static/media/pdf/educational-material/waiting-room/WCD-Contraception-Compendium-Screen.pdf (see pages 20 and 42)

2. Create two scenarios (like the ones you read in class today) in which you would recommend Emergency Contraception to a person.

Internet Research: (Please write the answer to your questions below.)

- 1) What is Emergency Contraception (EC)?

- 2) How does EC work?

- 3) If someone decides to take EC, how long after vaginal sex should they take it?

- 4) In what circumstances would someone take EC?

- 5) Does EC protect against STIs or HIV?

- 6) Should EC be used as a birth control method in a regular basis?

(Continued on back.)

EMERGENCY CONTRACEPTION INVESTIGATION

HOMEWORK (HS-7)

Scenarios: (Create two scenarios in which you would recommend Emergency Contraception to a person.)

- Scenario 1:

- Scenario 2:

EMERGENCY CONTRACEPTION INVESTIGATION

ANSWER KEY

Internet Research:

1) What is Emergency Contraception (EC)?

If you've had unprotected sex or a method of contraception has failed, this method can stop you from getting pregnant.

2) How does EC work?

EC contains hormones that are similar to contraceptives, but are much higher dosed. It changes the womb so that a fertilized cannot implant there, and it may also prevent or delay an egg from being released from an ovary.

3) If someone decides to take EC, how long after vaginal sex should they take it?

It should be taken as soon as possible after unprotected intercourse, ideally within 12 hours, but no later than 3-5 days after intercourse depending on the type of pill.

4) In what circumstances would someone take EC?

It can be used if unprotected sex has taken place or if another method of contraception has failed, such as a torn condom or forgotten pill.

5) Does EC protect against STIs or HIV?

EC does not protect against STIs or HIV.

6) Should EC be used as a birth control method in a regular basis?

No. After using EC, another form of birth control should be used after that to decrease the risk of pregnancy.

Using Condoms Effectively

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

PR.8.SM.1/SH.8.SM.1 – Describe the steps to using a condom correctly.

TARGET GRADE:

High School – Lesson 8

TIME: 50 Minutes

MATERIALS NEEDED:

- *Condom Steps* cards (one set of cards per each group of 3-4 students)
- Envelopes for *Condom Steps* cards (one envelope per set of cards)
- Birth Control Kit for condom and dental dam demonstrations
- **Homework:** “Media Hunt: Did They Use Condoms?” (one per student)
persstudentstudent)

ADVANCE PREPARATION FOR LESSON:

- If you have not performed a condom demonstration in front of a class before, it is a good idea to practice in advance.
- Print enough copies of the *Condom Steps* cards for each group of 3-4 students to have a full set. Cut out the individual cards (i.e., steps) and put each set into an envelope.

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Describe correctly, and in order, the steps to using an external condom. [Knowledge]
2. Describe how an internal condom is used. [Knowledge]

A NOTE ABOUT LANGUAGE:

Throughout this lesson and curriculum, we are using the language of “internal” and “external” rather than “female” and “male” condom. This is to emphasize the body parts the different condoms are used with rather than a particular gender. This makes your classroom more gender-inclusive—as well as more accurate, as the so-called “female” condom, for example, can be used for anal sex. A cut-open, flavored “male” condom can be used for oral sex.

PROCEDURE:

STEP 1: Tell students that you are going to focus today on condoms, which are the only methods that provide protection against both pregnancy and STIs. Tell student that if they do decide to have sex, and they are different gender partners, it's a healthy choice to use condoms in addition to another birth control method for double protection. Say, “**You are going to hear me use very specific language when we talk about condoms. People tend to use the word ‘condom’ to mean a latex condom that goes on a penis. But as you will see in a moment, there are different kinds of condoms that can be used in different ways on different people’s bodies, regardless of their gender. For this reason, when we talk about a condom that goes on a penis, we will call it an ‘external’ condom. When we talk about a so-called ‘female’ condom or pouch, we’ll call it an ‘internal’ condom. You’ll see how this works in a minute!**” (6 minutes)

STEP 2: Explain that condoms are extremely effective when they are used consistently and correctly—that means, every time a couple has oral, anal, or vaginal sex, from the beginning of the act to the end. Break the class into groups of 3 or 4 students. Once they are in their

Using Condoms Effectively

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

groups, explain that you will be providing each group with an identical set of cards that list each of the steps to using an external condom correctly. Instruct them to work together and put their cards in order from the beginning to the end of the sex act. Answer any questions and distribute the envelopes with the cards in them, advising the students that they have approximately 5 minutes in which to work together. (8 minutes)

STEP 3: After students have worked for five minutes, have the wooden penis model and several external (i.e., “male”) condoms from the Birth Control Kit ready. Explain that you are going to model what the correct steps to using an external condom look like.

Go around the room and ask each group to provide one of the steps in order (so the first group would say, “Check expiration date on condom”). As each step is read in the correct order, model doing that step. Show the students, for example, where the expiration date is on the condom wrapper; demonstrate which way is the right way up to place the condom on the head of the penis; and so on. Be sure to highlight that you have several external condoms with you, which is a good idea in general; if one were to tear, fall on the floor, or if it was put on the wrong way, you could not re-use it. (YOU MAY THROW AWAY EACH EXTERNAL CONDOM AS YOU USE THEM. WE WILL SUPPLY NEW ONES EACH SCHOOL YEAR.)

The following represents the correct order in which to use a condom:

1. *Check expiration date on condom*
2. *Have erection*
3. *Take condom from wrapper*
4. *Put condom right side up on head of penis*
5. *Pinch the tip of the condom*
6. *Roll condom down penis*
7. *Begin intercourse*
8. *Ejaculation*
9. *Withdraw penis from partner, holding condom on at the base*
10. *Remove condom from penis*
11. *Throw condom away in trash*

If a group gets one of the steps incorrect, demonstrate that—and then ask another group to pick up where that group left off.

Next, talk about the common mistakes that can be made, probing for these:

- Not checking the expiration date
- Storing condoms someplace that’s too hot or too cold
- Putting the condom on wrong side up
- Not putting the condom on before the penis goes inside the other person’s body (some people put their penis inside then pull out and only put a condom on before ejaculation) (20 minutes)

STEP 4: Say, “When people refer to condoms, they usually refer to condoms that go on a penis, like the one we just modeled putting on correctly. But there is another kind of condom that is as effective at preventing pregnancy and providing some very good protection against STIs.”

Using Condoms Effectively

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Have the internal (i.e., “female”) condom and the speculum from the Birth Control Kit ready. Explain that while there are fewer steps to using this type of condom, it is still important to do them correctly.

Hold up the internal condom and check the expiration date of the wrapper. Open the condom and hold it up for the students to see. Open the speculum explaining that the opening will represent the opening of a vagina and the two ends of the speculum represent the vulva. Gently squeeze the smaller ring, explaining what you are doing as you do it, and place the ring inside the speculum opening to mimic placing in within the vaginal opening, and hook the outer ring around the ends of the speculum, which represent the vulva, to hold it in place. Hold the model up so the students can see how the pouch of the condom is inside the vagina, and how the outer ring of the condom is on the outside. Explain that once intercourse is over the condom should come out of the vagina. Take the condom off of the speculum and talk about throwing it away. (DO NOT THROW AWAY THE INTERNAL CONDOM. PLEASE RETURN IT TO THE BIRTH CONTROL KIT.)

Say, **“People have referred to this condom as a ‘female’ condom, but this can be used by someone of any gender for either penis-vagina sex or during anal sex if the couple removes the interior ring.”** (6 minutes)

Tell students that there is one last barrier method that can protect against STIs during oral sex on a vulva or rectum of another partner. Take out the dental dam from the Birth Control kit and take it out of the package. Hold one of your hands to form an “O” and place the dental dam over this hand, and explain to students that this represents placing the dental dam being placed over a vulva or rectum. Tell students that dental dams are flavored because they are designed specifically for safer oral sex, and just like the condoms you talked about today, they are designed to be used just once and thrown away. (DO NOT THROW AWAY THE DENTAL DAM. PLEASE RETURN IT TO THE BIRTH CONTROL KIT.)

STEP 5: Explain to students about their legal right to access condoms by saying, **“In California, people of any age and any gender may legally and confidentially obtain condoms to protect themselves from STIs, HIV, and pregnancy.”** Let students know that they can go to the teensource.org website (www.teensource.org/condoms/free) to order free condoms delivered to them by mail.

Answer any questions that came up during the class session about either kind of condom. Remind students that since condoms are the only method of birth control that protect against STIs, it is a good choice to use them in addition to another method of birth control—for different sex couples—for double protection. Explain and distribute the *“Media Hunt: Did They Use Condoms”* homework sheet, telling them that they have a week in which to complete and return it. (10 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The individual small group practice, along with the modeling by the teacher, will enable the teacher to determine whether students understand the steps to using a condom and will accomplish Learning Objectives 1 and 2.

HOMEWORK:

In the *“Media Hunt: Did They Use Condoms”* homework sheet, students will be asked to find examples in the media of when a couple refers to having sex and say whether the couple discussed or used condoms.

**Check expiration date
on condom**

Have erection

Take condom from wrapper

**Put condom right side up on head
of penis**

**Pinch the tip
of the condom**

Roll condom down penis

Begin intercourse

Ejaculation

**Withdraw penis from partner,
holding condom on at the base**

Remove condom from penis

**Throw condom away
in trash**

Media Hunt: Did They Use Condoms?
Homework (HS-7)

Name _____ Date _____

Instructions:

- Over the next week when you are watching TV shows, videos, or movies, please keep this sheet with you.
- Share three examples of couples that are either in a sexual relationship or talking about being in that relationship.
- Describe whether and how they talk about or actually use condoms.
- In each case, answer the questions that follow.

Example One:

Name of Show/Video: _____

Characters in a relationship: _____

Did they talk about using condoms? ☐ YES ☐ NO

Did they actually use them? ☐ YES ☐ NO

Describe the scene(s): _____

Do you think they did a good job? Why or why not? _____

Example Two:

Name of Show/Video: _____

Characters in a relationship: _____

Did they talk about using condoms? ☐ YES ☐ NO

Did they actually use them? ☐ YES ☐ NO

Describe the scene(s): _____

Do you think they did a good job? Why or why not? _____

(Continued on back.)

Example Three:

Name of Show/Video: _____

Characters in a relationship: _____

Did they talk about using condoms? ☐ YES ☐ NO

Did they actually use them? ☐ YES ☐ NO

Describe the scene(s): _____

Do you think they did a good job? Why or why not? _____

What Are My Reproductive Rights?

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

PR.12.CC.6 – Compare and contrast the laws relating to pregnancy, adoption, abortion and parenting.

TARGET GRADE:

High School – Lesson 9

TIME: 50 Minutes

MATERIALS NEEDED:

- White board and markers
- 8 (or more) computer or tablets with Internet access
- "What Are My Reproductive Rights?" Scenarios 1-4 (two copies of each scenario)
- "Reproductive Rights Research Guide" (one per student)
- "What Are My Reproductive Rights?" Answer Key
- California Minor Consent Laws cards (one per student)

ADVANCE PREPARATION FOR LESSON:

- Review the websites on the "Reproductive Rights Research Guide," along with the scenarios, so you are prepared for the class discussion.

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Apply existing laws relating to reproductive decision-making and rights to scenarios in which teens face an unplanned pregnancy and are weighing their options. [Knowledge, Skill]
2. Describe at least three inherent rights teens have relating to their sexual and reproductive decision-making. [Knowledge]

A NOTE ABOUT LANGUAGE:

Language is really important and we've intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar —using the pronoun "they" instead of "her" or "him," using gender neutral names in scenarios and role-plays and referring to "someone with a vulva" vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

PROCEDURE:

STEP 1: Say, "Today we are going to be talking about what your legal rights are, as teens, when it comes to pregnancy and pregnancy options. If someone your age has an unplanned pregnancy or has a partner that becomes pregnant, we encourage communication with parents, caregivers, and trusted adults to help them find a safe and healthy solution."

However, teenagers in California have laws that protect their choices and their confidentiality in the case of pregnancy whether parents are involved with decisions or not. We're going to start by looking at some of these laws, and then we'll look at some implications of these laws."

Divide the class into eight groups and have each group gather around one of the computers in the classroom.

What Are My Reproductive Rights?

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Note to the Teacher: *The more computers the better for multiple students from each group to help with the research; feel free to ask students to bring in tablets or even use smart phones if it is permitted at your school.*

Give each group one of the "What Are My Reproductive Rights?" scenarios and each student in each group a copy of the "Reproductive Rights Research Guide."

Explain that the scenario will have some guiding questions. Tell them that they will have fifteen minutes, as a group, to come up with the answers to their questions, which they will be able to find online on the sites listed on the "Reproductive Rights Research Guide." Tell them that once they are done, they will need to discuss what they found as a group and be ready to present and defend their opinions with the larger class.

Answer any questions and ask students to begin their work. As they are doing their research, walk around the room to see whether they have any questions and are doing their work correctly. (18 minutes)

STEP 2: After 15 minutes, have the groups come back together. Go through *Scenario 1*, discussing each of the questions. Ask students from both groups with the first scenario for their reactions to the legal aspects and whether they agree. Ask who else can and should play a role in the situation, and why they should or should not do so.

Go to *Scenario 2* and go through students' responses, again asking what they thought about the situation and whether they agree with the laws. After a few minutes of discussion, continue with the remaining scenarios and do the same. (15 minutes).

STEP 3: Say, "All of these scenarios demonstrated just some of the laws relating to reproductive rights. Some of you agreed with these laws, and some of you didn't. What I'm going to ask you to do now is pretend, in your same small groups, that you are members of Congress, and you want to create a Bill of Rights relating to teens and pregnancy, abortion, and/or adoption. What would it look like?"

On the white board, write: "When it comes to pregnancy and parenting, teens have the right to..." Instruct students to write this same sentence stem on the back of their scenario, and together, come up with five rights that they think are critical for teens. Tell them they need to specify any important characteristics—is gender a factor? Age? Relationship status?

Say, "For example, you might decide that teens have the right to receive financial support from the government if they or their partner becomes pregnant, chooses to carry the pregnancy to term, and become a young parent."

Tell students they will have about 8 minutes in which to come up with this list. (10 minutes)

STEP 4: After about 8 minutes, ask volunteers from each group to share one response from their lists. As they read them, record responses on the board. As you go around the class, ask groups to indicate whether they had a similar right listed and place a check mark for each time it was listed on another group's list.

Once you are finished, ask students to take a look at the list on the board and the number of check marks. Discuss the outliers, or those that did not have many—or any—check marks

What Are My Reproductive Rights?

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

next to them. Refer to the *"What Are My Reproductive Rights"* Answer Key if needed for clarifying the answers to any questions.

Say, **"No matter how you feel about any of these rights, or the laws governing them, the fact is that laws exist relating to whether, when, and sometimes even how we as human beings can reproduce. There are unique laws that specifically pertain to all of you who are under the age of 18. The best thing you can do is to hold on to this list of organizations as a reference, so that if you are in a situation where you need to choose what to do about a pregnancy, you know what your rights are."** (7 minutes)

STEP 5: Explain that you are going to distribute a *California Minor Consent Laws* card to each student and that the card contains information on the legal rights of minors to access sexual health services in California. As you distribute a card to each student and students examine the card, say **"In California, any student of any age may legally and confidentially obtain birth control, including condoms, without notifying or getting permissions from parents or guardians if they do not wish to. Anyone of any age may also consent to their own pregnancy care, including pregnancy testing, pre-natal care, and abortion. Minors 12 years and older may also consent to their own STI and HIV testing and treatment without notifying parents if they do not wish to. This includes being able to consent to their own HPV vaccine as well as accessing PrEP medication for HIV prevention."**

In addition, students in California may also leave school during school hours to attend a sexual health care appointment for any of these reasons. If a student wishes to pursue this option, please talk with the School Nurse or Counselor to arrange this appointment." Remind students to talk with a parent, caregiver, or trusted adult if possible if they need any of these services; however, if they need to seek care without telling their parent/guardian they are legally able to do so.

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The computer-based activity will fulfill Learning Objective 1 and the small group activity and subsequent discussion will fulfill Learning Objective 2.

HOMEWORK:

None.

What Are My Reproductive Rights?

Scenario 1

Damien and Kyra are both 16 and live in California. Kyra gets pregnant, decides she is too young to be a parent, and does not want to carry a pregnancy to term if she's not going to parent the baby. She does not want to place the baby for adoption because she doesn't think she would be able to deal with knowing that her baby was out there in the world if she is not going to raise it herself. Damien is really against abortion and tells her he would raise the baby if she didn't want to; but Kyra refuses. Things get heated, and they break up.

Using the following websites, please answer the questions listed below:

- **Adoption and Father's Rights –** www.legalmatch.com/law-library/article/adoption-and-fathers-rights.html
- **Father's Rights and Abortion –** <http://family.findlaw.com/paternity/fathers-rights-and-abortion.html>
- **Sex, Etc. –** <http://sexetc.org/action-center/sex-in-the-states>
- **Unmarried Fathers and Adoption –** <http://family.findlaw.com/paternity/parental-rights-unmarried-fathers-and-adoption.html>

1) What are Damien's rights as one of the people involved in the creation of the pregnancy?

2) Can he stop Kyra from having an abortion?

3) What does Kyra need to do in order to get an abortion in her home state, California?

4) If Kyra does decide to have an abortion, what are her options for paying for it?

5) If Kyra chooses to place the baby for adoption, can Damien stop her so he can raise the baby?

What Are My Reproductive Rights?

Scenario 2

Amanda lives in California, is 14 years old, and pregnant. Her mother and father know about the pregnancy and are willing to support their daughter and her boyfriend Daniel, who is 16 years old and wants to support Amanda and be an active part in this baby's life. His parents are equally as supportive as Amanda's. Amanda's P.E. teacher tells her she cannot be a part of class, because he is concerned about how exercise will affect her pregnancy. Instead, she has to sit in the gym and do homework. She also was recently told by the Vice Principal that if she continues missing school because of her pregnancy, she will be suspended and could even be required to repeat that year of school. Amanda has tried to explain that her pregnancy is challenging, and she brings in doctors' notes every time she has to go to an appointment. She is trying to stay healthy and follow her doctor's advice on how to take care of herself while she is pregnant.

Using the following websites, please answer the questions listed below:

- **Medical Care During Pregnancy–**
<http://kidshealth.org/en/parents/medical-care-pregnancy.html>
- **National Women's Law Center: Pregnant and Parenting Students' Rights –**
<https://nwlc.org/resources/pregnant-and-parenting-students-rights-2/>
- **Pregnant or Parenting? Title IX Protects You From Discrimination At School –**
www2.ed.gov/about/offices/list/ocr/docs/dcl-know-rights-201306-title-ix.html
- **Title IX: Pregnant and Parenting Students' Rights –** www.nwlc.org/sites/default/files/pdfs/pregnantandparentingstudentrightsonepager_6.14.12.pdf

- 1) What are Amanda's rights in this situation? Does the state she lives in matter?
- 2) Is the school right to be concerned about her safety?
- 3) Should she be shown special treatment because she is pregnant?
- 4) Since Daniel is the father, should he be allowed to miss school in order to join her at her doctors' appointments? Does he have a legal right to do so?
- 5) What are some things that Amanda can do to stay healthy while she is pregnant?

What Are My Reproductive Rights?

Scenario 3

Claire, a teenager in California, has had several boyfriends, but she has always been careful in the past to protect herself from pregnancy and STIs. She is on the pill, and in the past she typically did not have sex unless her partners used condoms. She was getting over being sick recently and was on antibiotics, and she didn't know that they can reduce the effectiveness of the pill. She has had several sexual partners since then, and when her partners said that they didn't feel like they needed to use condoms with her anymore, she agreed—and then she found out a few weeks later that she was pregnant. But by whom? Claire has decided she wants to keep the baby, and wants to be sure the biological father helps out financially.

Using the following websites, please answer the questions listed below:

- **Are You Eligible for Child Support? –**
<http://family.findlaw.com/child-support/are-you-eligible-for-child-support.html>
- **Father's Rights and Abortion –**
<http://family.findlaw.com/paternity/fathers-rights-and-abortion.html>
- **Fathers' Rights and Adoption –** <http://family.findlaw.com/paternity/parental-rights-unmarried-fathers-and-adoption.html>
- **Legal Significance of Paternity –**
<http://family.findlaw.com/paternity/legal-significance-of-paternity.html>
- **Medical Care During Pregnancy–**
<http://kidshealth.org/en/parents/medical-care-pregnancy.html>

1) How can Claire legally find out who the father is?

2) Can that person refuse to pay child support if he never wanted to be a father and assumed she was taking care of pregnancy prevention by being on the pill?

3) Can one of her boyfriends who is not the biological father claim paternity and take custody of the child?

4) If several weeks into her pregnancy Claire changes her mind, even after finding out who the father is and getting him on board, can she still get an abortion? Can the father actually force her to have one, or keep her from getting one?

5) What are some things that Claire can do to stay healthy while she is pregnant if she decides to have the baby?

What Are My Reproductive Rights?

Scenario 4

Samantha, who is a sophomore in a California high school, is 8 months pregnant and she still can't decide what to do. She has not told her former partner, parents, friends, teachers, or anyone else that she is pregnant. She has been dressing in very loose clothing that hides her pregnancy and she's usually very shy anyway so keeping to herself hasn't seemed to cause anyone to be suspicious of her circumstances. And her parents are rarely home and don't seem to take much interest in her these days. She can feel cramping now and again and she knows her baby will be born very soon. She's scared and just can't think about what to do, and she's worried that when the baby comes she still won't have made a decision.

Using the following websites, please answer the questions listed below:

- **California's Safely Surrendered Baby Law** – www.babysafe.ca.gov
- **Guttmacher Institute: An Overview of Abortion Laws** – www.guttmacher.org/statecenter/spibs/spib_OAL.pdf
- **Guttmacher Institute: Minors' Rights as Parents** www.guttmacher.org/state-policy/explore/minors-rights-parents
- **Medical Care During Pregnancy**– <http://kidshealth.org/en/parents/medical-care-pregnancy.html>
- **Title IX: Pregnant and Parenting Students' Rights** – www.nwlc.org/sites/default/files/pdfs/pregnantandparentingstudentrightsonepager_6.14.12.pdf

- 1) Can Samantha legally obtain an abortion now if her health is not at risk?
- 2) What would Samantha have to do if she wanted to put her baby up for adoption? Would she have to tell her parents if she chose this option?
- 3) Would Samantha be able to stay in high school if she chose to keep her baby and raise it herself? What rights would she have to assist her in graduating from high school?
- 4) If Samantha had her baby privately and knew that she could not keep it or take the steps to arrange for an adoption, what else could she do to ensure that her baby would receive proper medical care and be placed in a home with a family that could take care of it?
- 5) What are some things that Samantha can do to keep her and her baby healthy while she is pregnant if she decides to have the baby?

Reproductive Rights Research Guide

Adoption and Fathers' Rights

www.legalmatch.com/law-library/article/adoption-and-fathers-rights.html

California's Safely Surrendered Baby Law

www.babysafe.ca.gov

FindLaw: Are You Eligible for Child Support?

<http://family.findlaw.com/child-support/are-you-eligible-for-child-support.html>

FindLaw: Fathers' Rights and Abortion

<http://family.findlaw.com/paternity/fathers-rights-and-abortion.html>

FindLaw: Unmarried Fathers and Adoption

<http://family.findlaw.com/paternity/parental-rights-unmarried-fathers-and-adoption.html>

Guttmacher Institute: An Overview of Abortion Laws

www.guttmacher.org/statecenter/spibs/spib_OAL.pdf

Guttmacher Institute: Minors' Rights as Parents

www.guttmacher.org/state-policy/explore/minors-rights-parents

Legal Significance of Paternity

<http://family.findlaw.com/paternity/legal-significance-of-paternity.html>

Medical Care During Pregnancy

<http://kidshealth.org/en/parents/medical-care-pregnancy.html>

National Women's Law Center: Pregnant and Parenting Students' Rights

<https://nwlc.org/resources/pregnant-and-parenting-students-rights-2/>

Pregnant or Parenting? Title IX Protects You From Discrimination At School

www2.ed.gov/about/offices/list/ocr/docs/dcl-know-rights-201306-title-ix.html

Sex, Etc.: Sex in the States

<http://sexetc.org/action-center/sex-in-the-states>

Title IX: Pregnant and Parenting Students' Rights

www.nwlc.org/sites/default/files/pdfs/pregnantandparentingstudentrightsonepager_6.14.12.pdf

TIPS...

FOR YOUTH:

- KNOW your health rights and USE your health rights! REFER to this card when you visit your health care provider.

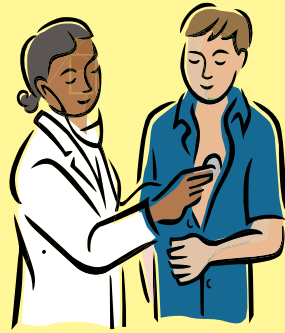
FOR PROVIDERS:

- Help youth understand consent and confidentiality at the beginning of each visit.
- A youth is more likely to disclose sensitive information when he/she has time alone with the provider to discuss concerns.
- Even when the youth presents with a non-sensitive issue such as a headache, there may be underlying issues (ex. need for an STI screening) which may only surface if the youth is provided with confidential care.
- In most cases, for services under minor consent, access to a minor's records is only allowed with written consent of the minor.

This card does not constitute legal advice or representation. Please visit www.teenhealthlaw.org for more information. For additional copies of this card, please visit www.ahwg.net or call 415.554.8429.

Adapted from National Center for Youth Law materials. www.teenhealthlaw.org Revised 01/2011

California Minor Consent Laws



This card provides a snapshot of CA laws. For more information please visit www.teenhealthlaw.org



Printing sponsored by the San Francisco Department of Public Health



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CALIFORNIA MINOR CONSENT LAWS		
Services youth can receive without permission from their parent/guardian		Can provider tell youth's parent/guardian?
Birth Control <i>Except Sterilization</i>	Minors of any age	No Parental notification allowed only with consent of minor
Pregnancy (Prev, Dx, Tx) <i>Including inpatient care</i>	Minors of any age	
Abortion	Minors of any age	
STIs, Contagious and Reportable Diseases (Dx & Tx)	Minors 12 yrs or older	
HIV Testing	Minors 12 yrs or older and assessed as competent to give informed consent	Yes In most cases, an attempt to notify parent/guardian must be made. ^{1,2}
Sexual Assault Care	Minors of any age	
Alcohol/Drug Counseling by Federally Assisted Treatment Program <i>Including inpatient care</i>	Minors 12 yrs or older ^{3,4}	No Parental notification allowed only with consent of minor
Alcohol/Drug Counseling by Non-Federally Assisted Treatment Program	Minors 12 yrs or older ^{3,4}	Yes An attempt to notify parent/guardian must be made, except when provider believes it is inappropriate ⁶
Outpatient Mental Health Treatment	Minors 12 yrs or older ⁵	

¹ The law allows for some exceptions to parental notification. These exceptions include suspecting the parent of assault and certain cases of rape.

² Sexual assault requires a child abuse report in which case youth should be advised that parents may be notified by law enforcement or child protective services.

³ Parent/guardian can consent over the minor's objection.

⁴ Parent/guardian consent is required for methadone treatment.

⁵ In the opinion of the provider, the minor must be "mature" enough to participate intelligently.

⁶ For services provided under new minor consent law, Health and Safety Code 124260, enacted 1/1/11, providers must consult with the minor before deciding whether to involve parents.

Key:
Pre= Prevention, Dx= Diagnosis,
Tx= Treatment, STIs= Sexually Transmitted Infections

DEFINITIONS (w/ regard to minor consent)

Confidentiality: the provider can only share patient information with permission of patient. *Note:* Exceptions include reporting child abuse and insurance billing.

Consent: giving permission to receive health services; or giving permission to share patient information with others.

Notification: the provider is required to tell a minor's parent/guardian that he/she received a specific health service. *Note:* Notification does not mean access to medical records.

Sexual assault: for the purposes of minor consent alone, sexual assault includes but is not limited to acts of oral sex, sodomy, rape, and other violent crimes of a sexual nature that occur without permission.

TIPS...

FOR YOUTH:

- KNOW your health rights and USE your health rights! REFER to this card when you visit your health care provider.

FOR PROVIDERS:

- Help youth understand consent and confidentiality at the beginning of each visit.
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Key:
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Is It Abuse If...?

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

PS.12.CC.1 – Compare and contrast situations and behaviors that may constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence.

PS.12.IC.2 – Identify ways in which they could respond when someone else is being bullied or harassed.

HR.12.IC.1 – Demonstrate effective strategies to avoid or end an unhealthy relationship.

TARGET GRADE: High School
– Lesson 10

TIME: 50 Minutes

MATERIALS NEEDED:

- Projector and screen
- Computer with Internet connection and audio equipment
- White board and markers
- Butcher paper (5 sheets)
- Five markers
- Masking tape
- “Is It Abuse If...?” worksheet (one per student)
- “Is It Abuse If...?” Answer Key
- **Homework:** “Am I a Good Partner? Quiz” and “Healthy Relationship Quiz” (one each per student)

ADVANCE PREPARATION FOR LESSON:

- Log into YouTube with your district ID and password.
- Preview the following video and have it ready to play: “Teen Dating Violence PSA”
www.youtube.com/watch?v=Wss6CvUve68

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Describe at least two characteristics of five different types of relationship abuse. [Knowledge]
2. Explain what, in their own opinion, does and does not constitute relationship abuse. [Knowledge, Affect]
3. Name one online and one hotline resource teens can use to get help if they or someone they know is in an abusive relationship. [Knowledge]

A NOTE ABOUT LANGUAGE:

Language is really important and we’ve intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar —using the pronoun “they” instead of “her” or “him,” using gender neutral names in scenarios and role-plays and referring to “someone with a vulva” vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

PROCEDURE:

STEP 1: Say, “There are a lot of myths out there about sexuality and relationships, particularly as it relates to teens. One myth is that relationship abuse doesn’t happen in teen relationships. That’s what we’re going to talk about today. Actually, statistics show that relationship abuse of all kinds is just as prevalent in teen relationships as it is in adult relationships.

Often, people can’t always tell whether their relationship is abusive or whether they’re just going through a rough time with a partner. We’re going to try to figure that out today, along with what to do when you realize you’re in an unhealthy or abusive relationship. Our goal is to be able to recognize and

Is It Abuse If...?

*A Lesson Plan from Rights, Respect,
Responsibility: A K-12 Curriculum*

foster healthy relationships based on mutual respect and affection that can lead to a committed relationship, such as marriage.”

Before starting the activity, remind students that you are a mandated reporter in the state of California and that if you hear a comment that might suggest that they are or have been a victim of abuse that you are required to report it to the school police so that they may conduct an investigation.

Say, **“There are a number of different categories of relationship abuse: Physical, Emotional, Psychological, Sexual, and Financial.”** As you name these, write these five categories of abuse on the board. **“Physical abuse is exactly what it sounds like—hurting someone physically in some way. Emotional abuse is making someone feel bad about themselves, such as taking away their sense of self or self-esteem, or harassing someone so that they feel bad about themselves. Psychological abuse is using threats or intimidation to frighten someone or make them feel like they’re losing touch with reality. Sexual abuse is similar to physical abuse, although the abuse is sexual in nature. Finally, financial abuse is when the finances in a relationship—or a person’s potential to earn or have money—are controlled by one person. Let’s explore what each of these mean.”** (5 minutes)

STEP 2: Separate the class into five groups and assign each group one type of abuse. Give each group a blank sheet of butcher paper and a marker. Say, “Given the definitions I just shared, please work in your groups to come up with some specific behaviors that would come under your category. For example, in the physical abuse category would be ‘hitting.’ Each group will come up with their own unique lists, but there may be some overlap from time to time.” Answer any questions and tell the class they have about five minutes in which to complete their brainstorm. (8 minutes)

STEP 3: Stop the groups after about 5 minutes. Ask each group to present what is on their sheet. Do this by asking one group to contribute one or two of their answers, then go to the next group and ask them to do the same. Continue around the room until all ideas are shared. Sample responses should include:

PHYSICAL

- Hitting
- Kicking
- Slapping
- Punching
- Pinching
- Restraining
- Choking
- Blocking their way

EMOTIONAL

- Criticizing the person’s appearance or intelligence
- Telling the person that no one else would ever want to be with them
- Flirting with other people in front of the person
- Using what they know makes the other person feel vulnerable to make them feel worse
- Sharing sexy photos of the other person without their consent [it is illegal for anyone to share naked or sexual photos of people under the age of 18]

Is It Abuse If...?

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PSYCHOLOGICAL

- Threatening to hurt the other person
- Threatening to hurt people they know or care about (or pets)
- Texting nonstop and expecting the other person to text back by a certain time
- Threatening to hurt yourself if the other person doesn't do what you want
- Spreading rumors about the person

SEXUAL

- Rape
- Physically forcing the other person to do anything sexual they don't want to do
- Coercing, intimidating, or pressuring the other person to do something sexual that they don't want to do
- Making the other person watch porn
- Sharing sexy photos of the other person without their consent
- Refusing to practice safer sex

FINANCIAL

- Controlling the money in the relationship
- Stealing from the other person
- Telling the other person they need to spend time with you instead of going to work
- Keeping the other person from going to or finishing school, which limits their ability to earn money

As you go through the lists, ask other groups if they have anything they would add. Ask students what they notice about the lists. Say, **"It can be relatively easy to come up with a list of behaviors—especially when we're not in the relationship in the moment. But sometimes abusive situations aren't so clear."**

For instance, other types of relationship abuse can include sexual harassment and sex trafficking. Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature such as unwanted sexual notes or texts. If the recipient tells someone to stop this type of harassment even once, and it continues, then it is defined as sexual harassment and is illegal. Ask students if they can offer some examples of sexual harassment.

Sex trafficking occurs when a trafficker uses force, fraud, or coercion to control another person for the purpose of engaging in sex acts against his/her will in exchange for money or other goods. The obvious form of sex trafficking is when someone is forced to be a 'sex slave' and is sold repeatedly for sex. Not so obvious—but more common—is when the person who trafficks is the victim's romantic partner. The victim might have sex with other people to please their partner, because they are in fear of being injured by their partner, or is seeking a lifestyle that the partner promises them. In any form that it takes, sex trafficking is a crime and is illegal." (14 minutes)

STEP 4: Ask students to return to their original seats. Distribute the *"Is It Abuse If...?"* worksheet. Tell students to read each statement and decide whether they think what is

Is It Abuse If...?

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described is abusive, and indicate their decision by circling the response on the sheet. Tell them they have about 5 minutes in which to do this.

Once everyone has finished, divide the class into groups of four. Instruct students to go through each situation on the “*Is It Abuse If...?*” worksheet and discuss their answers. Tell them they can change their answers if they wish. Allow for about 10 minutes for their small group discussions. Refer to the “*Is It Abuse If...?*” Answer Key if needed to clarify answers.

Start processing the activity by asking, “**What was it like to do that? What was** [fill in students’ responses] **about it?**” Ask whether they found any of the statements particularly easy to discuss or agree on and why. Then ask them to talk about some that were more challenging to discuss and/or agree upon. Point out that the gender(s) of the partners were not revealed in the examples. Ask the students, “**What did you picture in these relationships? Who was an abuser? Who was being abused? Would your responses have changed based on whether the characters were one gender or another?**” (17 minutes).

STEP 5: Show the “*Teen Dating Violence PSA*” (www.youtube.com/watch?v=Wss6CvUve68), stopping it at 1:55 so the students can write down the hotline number on the screen, which is the National Teen Dating Abuse Hotline (866-331-9474).

Say, “**What are some examples from the video that people said to their abusive partner?**” After hearing student responses, ask what else a young person can do if they find themselves in an unhealthy or abusive relationship. Probe for: they can ask for help from parent(s)/caregiver(s), teachers, coaches, friend’s parent/caregiver, etc.

Say, “**Sometimes, people don’t feel they can talk with someone face-to-face. They may feel ashamed of having been in an abusive relationship. Depending on the gender or genders of the people involved in the relationship, the person being abused may be even less likely to disclose that they’d been abused and to seek help. So an anonymous website or hotline can encourage people to be more honest and get the help they need. The one you see on the screen is one example of a hotline that can help. You can also use the www.loveisrespect.org website to help in situations of relationship abuse, sexual harassment, or sex trafficking.**” Write the phone number (866-331-9474) and these website addresses on the board.

Tell students, “**In California, anyone of any age may consent to their own care and treatment for sexual assault confidentially, meaning without notifying parents if you do not wish to. Please see the “*California Minor Consent Laws*” card that I gave to you during the last lesson for more details.**” Answer any questions, and let students know that you and the school counselor are available to talk if they have any questions that they would prefer to ask one-on-one. Pass out the “*Am I a Good Partner? Quiz*” and “*Healthy Relationship Quiz*” and tell students to honestly answer these questions and assess how healthy they treat or have been treated by romantic partners. Tell them that these quizzes are for their personal reflection and you will not collect them. (6 minutes)

Is It Abuse If...?

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RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

Defining and categorizing the types of relationship abuse will accomplish Learning Objective 1. The “*Is It Abuse If...?*” worksheet will accomplish Learning Objective 2. The teacher sharing the hotline information at the end will accomplish Learning Objective 3.

HOMEWORK:

“*Am I a Good Partner? Quiz*” and “*Healthy Relationship Quiz*” to be completed on their own.

Note: The activity, “Is It Abuse If...?” was created by Elizabeth Schroeder, EdD, MSW, and then subsequently published in the American Journal of Sexuality Education in 2005. This is an adaptation of that activity.

Is It Abuse If...?

Name _____ Date _____

1. A couple are arguing and when one partner begins to freak out, the other gives them a light slap to calm them down?

YES

NO

Comments:

2. A person walks their partner to school every morning, meets them for lunch every day, and picks them up at the end of each afternoon?

YES

NO

Comments:

3. Every time a same-sex couple argues, one of the partners threatens to “out” the other to their family?

YES

NO

Comments:

4. An 18-year-old has sex with a 14-year-old?

YES

NO

Comments:

5. A couple starts play-fighting and they wrestle around on the floor, resulting in bruises on one of their arms?

YES

NO

Comments:

6. One partner says they want to have sex, their partner says they’re not ready, but after talking about it, gives in and has sex anyway, even though they really don’t want to?

YES

NO

Comments:

7. Someone expects to be able to check their partner’s cell phone/texts anytime they wish?

YES

NO

Comments:

8. One partner pressures their partner to have sex with another person in exchange for money?

YES

NO

Comments:

9. One partner teases and jokes with the other about sexuality-related things while they’re at school, even though the partner has asked them to stop?

YES

NO

Comments:

Is It Abuse If...?

Answer Key

1. A couple are arguing and when one partner begins to freak out, the other gives them a light slap to calm them down?

YES

NO

Comments: It's never okay to hit someone else, especially when you're in a relationship with them.

2. A person walks their partner to school every morning, meets them for lunch every day, and picks them up at the end of each afternoon?

YES

COULD BE EITHER

NO

Comments: If these actions are wanted and appreciated by the person being walked to/from and met at school, then this is not abuse. If these actions are not wanted by that person, they need to clearly state that – and the partner needs to respect their wishes. If the partner doesn't respect their wishes and keeps doing it, that would be considered Psychological abuse.

3. Every time a same-sex couple argues, one of the partners threatens to “out” the other to their family?

YES

NO

Comments: This is an example of intimidation and Psychological abuse and using threats in a relationship is never okay.

4. An 18-year-old has sex with a 14-year-old?

YES

NO

Comments: In California, a person under the age of 18 is not legally able to consent to sex and if someone under 18 has sex, it is a crime called unlawful sexual intercourse with a minor. If the younger person is not more than three years younger than the older partner, and both partners gave affirmative consent to the sex, then technically it is not considered a crime. Given the two people are four years apart in this situation, and assuming there is no force, intimidation or coercion, this would be considered statutory rape or sex with a minor and the older partner could be charged with a crime.

5. A couple starts play-fighting and they wrestle around on the floor, resulting in bruises on one of their arms?

YES

COULD BE EITHER

NO

Comments: Perhaps the play-fighting was mutually consensual and enjoyed by both partners and the bruising was truly an accident. But if one of the partners was not enjoying the wrestling, told the other person to stop, and/or was intimidated or physically hurt, then this is an example of Physical abuse.

6. One partner says they want to have sex, their partner says they're not ready, but after talking about it, gives in and has sex anyway, even though they really don't want to?

YES

COULD BE EITHER

NO

Comments: We don't know how partner one is talking with partner two — it could be that partner two simply changed their mind. Were threats used? Intimidation? It's not necessarily coercion, but if partner one gives any ultimatums — such as, 'Fine, then let's break up,' then it would be considered emotional abuse.

(Continued on back...)

Is It Abuse If...?

Answer Key

7. Someone expects to be able to check their partner's cell phone/texts anytime they wish?

YES

COULD BE EITHER

NO

Comments: Did the couple talk about their expectations around checking each others' phones? If they haven't, they need to. If a couple agrees they can both have each others' passwords, then it's consensual. If, however, one partner wants to maintain their privacy and the other insists on being able to check their phone, that's controlling behavior, and a warning sign for psychological abuse.

8. One partner pressures their partner to have sex with another person in exchange for money?

YES

NO

Comments: This is an example of Financial, Emotional and Sexual abuse. Sex trafficking is when a person is forced, compelled or coerced to engage in commercial sex acts, meaning having sex in exchange for money, and is illegal.

9. One partner teases and jokes with the other about sexuality-related things while they're at school, even though the partner has asked them to stop?

YES

NO

Comments: Since the partner has already asked the other person to stop and the behavior continues, this is an example of Emotional abuse and sexual harassment.

Am I a Good Partner? Quiz



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Are you a good partner? Answer yes or no to the following questions to find out. Make sure to check the boxes to record your responses. At the end, you'll find out how to score your answers.

Do I

- | | | |
|---|------------------------------|-----------------------------|
| 1. Forget to thank my partner when they do something nice for me? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Ignore my partner's calls if I don't feel like talking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Get jealous when my partner makes a new friend? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have trouble making time to listen to my partner when something is bothering them? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Discourage my partner from trying something new like joining a club? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Call, text or drive by my partner's house a lot? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Get upset when my partner wants to hang out with their friends or family? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Make fun of my partner or call them names? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Criticize my partner for their taste in music or clothing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Make fun of my partner's appearance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Accuse my partner of flirting or cheating even if I'm not sure that's what happened? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Take out my frustrations on my partner, like snapping at them or giving them attitude? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Throw things if I'm mad at my partner or do things like hit walls or drive dangerously? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Read my partner's texts or go through their personal things, like their wallet or purse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Tell my partner they are the reason for my bad mood even if they aren't? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Try to make my partner feel guilty about things they have no control over? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Sometimes say things to my partner knowing that they are hurtful? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Make my partner feel bad about something nice they did for me that I didn't like, even though I know they tried their best? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Talk down to or embarrass my partner in front of others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Have sex with my partner even if I think they don't want to go that far? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

connect now!

chat at loveisrespect.org

 **text** "loveis" to 22522

 **call** 1-866-331-9474

Discuss your options confidentially.
Peer advocates are available 24/7.

For more information, visit www.loveisrespect.org

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Scoring – So Are You A Good Partner?

Give yourself one point for every “Yes” you answered to questions one through four and five points for all “Yes” answers to numbers 5-20. Don’t give yourself any points for any “No” answers.

Now that you’re finished and have your score, the next step is to find out what it means. Simply take your total score and see which of the categories below apply to you.

Score: 0 Points

If you got zero points, congratulations! You make a good Partner! It sounds like you’re very mindful of your actions and respectful of your partner’s feelings -- these are the building blocks of a healthy relationship. Keeping things on a good track takes work, so stay with it! As long as you and your partner continue like this, your relationship should grow in a healthy direction.

Score: 1-2 Points

If you scored one or two points, there may be a couple of things in your relationship that could use a little attention. Nobody is perfect, but it is important to be mindful of your actions and try to avoid hurting your partner. Remember, communication is key to building a healthy relationship!

Score: 3-4 Points

If you scored three or four points, it’s possible that some of your actions may hurt your partner and relationship. While the behaviors may not be abusive, they can worsen over time if you don’t change.

Score: 5 Points or More

If you scored five or more points, some of your actions may be abusive. You may not realize it, but these behaviors are damaging. The first step to improving your relationship is becoming aware of your unhealthy actions and admitting they are wrong. It’s important to take responsibility for the problem and get help to end it. An unhealthy pattern is hard to change, so chat with a peer advocate at loveisrespect.org for more information on how to get help.

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Healthy Relationship Quiz



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Everyone deserves to be in a safe and healthy relationship. Do you know if your relationship is healthy? Answer yes or no to the following questions to find out. Make sure to check the boxes to record your responses. At the end, you'll find out how to score your answers.

The Person I'm With

- | | |
|--|--|
| 1. Is very supportive of things that I do. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Encourages me to try new things. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Likes to listen when I have something on my mind. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Understands that I have my own life too. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Is not liked very well by my friends. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Says I'm too involved in different activities. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Texts me or calls me all the time. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Thinks I spend too much time trying to look nice. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Gets extremely jealous or possessive. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Accuses me of flirting or cheating. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Constantly checks up on me or makes me check in. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Controls what I wear or how I look. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Tries to control what I do and who I see. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Tries to keep me from seeing or talking to my family and friends. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Has big mood swings, getting angry and yelling at me one minute but being sweet and apologetic the next. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Makes me feel nervous or like I'm "walking on eggshells." | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Puts me down, calls me names or criticizes me. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Makes me feel like I can't do anything right or blames me for problems. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Makes me feel like no one else would want me. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Threatens to hurt me, my friends or family. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Threatens to hurt him or herself because of me. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Threatens to destroy my things. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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23. Grabs, pushes, shoves, chokes, punches, slaps, holds me down, throws things or hurts me in some way. ☐ Yes ☐ No
24. Breaks or throws things to intimidate me. ☐ Yes ☐ No
25. Yells, screams or humiliates me in front of other people. ☐ Yes ☐ No
26. Pressures or forces me into having sex or going farther than I want to. ☐ Yes ☐ No

Scoring

Give yourself one point for every no you answered to numbers 1-4, one point for every yes response to numbers 5-8 and five points for every yes to numbers 9 and above.

Now that you're finished and have your score, the next step is to find out what it means. Simply take your total score and see which of the categories below apply to you.

Score: 0 Points

You got a score of zero? Don't worry -- it's a good thing! It sounds like your relationship is on a pretty healthy track. Maintaining healthy relationships takes some work -- keep it up! Remember that while you may have a healthy relationship, it's possible that a friend of yours does not. If you know someone who is in an abusive relationship, find out how you can help them by visiting loveisrespect.org.

Score: 1-2 Points

If you scored one or two points, you might be noticing a couple of things in your relationship that are unhealthy, but it doesn't necessarily mean they are warning signs. It's still a good idea to keep an eye out and make sure there isn't an unhealthy pattern developing.

The best thing to do is to talk to your partner and let them know what you like and don't like. Encourage them to do the same. Remember, communication is always important when building a healthy relationship. It's also good to be informed so you can recognize the different types of abuse.

Score: 3-4 Points

If you scored three or four points, it sounds like you may be seeing some warning signs of an abusive relationship. Don't ignore these red flags. Something that starts small can grow much worse over time. No relationship is perfect -- it takes work! But in a healthy relationship you won't find abusive behaviors.

Score: 5 or More Points

If you scored five or points, you are definitely seeing warning signs and may be in an abusive relationship. Remember the most important thing is your safety -- consider making a safety plan.

You don't have to deal with this alone. We can help. Chat with a trained peer advocate to learn about your different options at loveisrespect.org.

For more information, visit www.loveisrespect.org

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My Life, My Decisions

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

PD.12.CC.1 – Analyze how brain development has an impact on cognitive, social and emotional changes of adolescence and early adulthood.

PR.12.INF.1 – Analyze influences that may have an impact on deciding whether or when to engage in sexual behaviors.

TARGET GRADE:

High School – Lesson 11

TIME: 50 Minutes

MATERIALS NEEDED:

- Projector and screen
- Computer with PowerPoint
- PowerPoint: "What Would You Do If...?"
- White board and markers
- "Considering Others' Opinions" worksheet (one per student)
- **Homework:** "Values and Beliefs Interview" (one per student)

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Name at least three messages they receive about sexuality from different people in their lives. [Knowledge]
2. Describe the extent to which these people have an impact on students' decision-making. [Knowledge]
3. Identify at least two other factors that have an impact on sexual decision-making. [Knowledge]

A NOTE ABOUT LANGUAGE:

Language is really important and we've intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar—using the pronoun "they" instead of "her" or "him," using gender neutral names in scenarios and role-plays and referring to "someone with a vulva" vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

PROCEDURE:

STEP 1: Introduce the lesson by asking the students, "**Have you ever said or done something to someone that afterwards you just asked yourself, 'Holy smokes, why on earth did I just say or do that?'**" It could be something really minor like walking in the room and calling a friend a nickname you never have before, and once it's out, it sounds really dumb. Or it could be something more significant like someone asking you to keep something just between the two of you, and it being too good to keep to yourself, so you just tell one person and immediately regret it."

After a few students have responded, ask, "**What does it feel like in that moment right after we've realized that what we did was the wrong thing to do?**" Answers will vary, but more often than not students will either physically put their hands on their stomach or refer to that area—that it does not feel good and can make you almost feel sick to your stomach.

Say, "**We all go through this—and not just once, it's something we all experience throughout our lives. We sometimes make decisions without thinking, and sometimes—even when we think them through really well at first—we still sometimes make a decision we wish we had not made.**"

My Life, My Decisions

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Ask, “Can anyone think of a time when you made a decision that really paid off for you, or that you knew was the right thing to do?” Ask for a few examples.

Say, “Clearly, there are just as many opportunities to make positive decisions as there are to make bad ones. Today, we’re going to talk about sexual decision-making and what and who can have an impact on the decisions we make.” (4 minutes)

STEP 2: Say, “In a moment, I’m going to hand you each a worksheet that lists a number of things people need to think about when they’re in sexual relationships. Across the top, you’ll see categories of people we might have in our lives.” Show the students the worksheet and read the categories of people aloud. Tell them that having the support of family and loved ones can be very important and communicating with other adults can be beneficial when they are trying to make important decisions in their lives.

Say, “What I’d like you to do is read each statement and think about what these different people in your life might say in response. For example, say you were interested in someone and wanted to ask them out—or you knew they were going to ask you out. Who would you talk with about that? What would you expect them to say? Write those things in the boxes provided. Because some categories can apply to more than one person—like a close friend—feel free to decide on who that person will be for the purposes of this activity and write their name in that box. Even if you wouldn’t discuss one of the topics with a particular person, please write what you imagine they’d say, as our perceptions are sometimes just as important as what we actually hear from people!”

Tell them that they will be discussing their responses with at least one other student in the class, but how much of what they share will be up to them. Distribute the worksheets and ask students to complete them individually. Tell them they will have 8 minutes in which to complete the worksheet. (12 minutes)

***Note to the Teacher:** As students are working, write the discussion questions listed in Step 3 on the white board.*

STEP 3: After about 8 minutes, ask everyone to stop what they are doing and pair up with another student. Say, “I’m going to ask you to talk in pairs about what that experience was like for you. Please use the following questions to discuss what you just did:

- How did you know what these people in your lives would say?
- What did you think of these messages? Were they mostly positive, negative or a mix?
- In what ways do you think the people listed on your sheet affect or would affect the decisions you make about sexuality? Why?”

After a few minutes, ask students to stop their paired discussions and share responses in the larger group by reviewing their answers to the three discussion questions. After going through the three discussion questions, say, “People in our lives have influence over us, no matter who they are. Some have more than others. Let’s look a little deeper at this.”

Start the PowerPoint “What Would You Do If...?” Read the first statement on Slide 1 and ask the students to respond. Then reveal the second statement on the slide and ask whether they would change their minds—based on who the second person is—or stick with their original decision. Discuss why or why not. Continue with Slides 2 and 3. (16 minutes)

My Life, My Decisions

Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

STEP 4: Say, “Aside from the people in our lives, when it comes to making decisions about sex and sexuality, what other things come into play? For example, ‘past experience’ [write that word on the board in a different color] may have an impact on whether I choose to do or not to do something. What else comes to mind?” As students respond, write their answers on the board. Each list will be different, but in general, probe for:

- Past experience (positive)
- Past experience (negative)
- Whether I know anyone who has done this behavior and how it went for them
- What my personal/religious values are about a particular behavior or having sex
- How I feel about my body
- My understanding of my sexual orientation
- What I see depicted in the media
- What I have seen on the Internet

Say, “We often hear from people, ‘I’m not influenced by other people or the media; I make up my own decisions.’ The reality is that it is impossible to make decisions about anything—let alone something as important as sex and sexuality—in a vacuum. We are definitely influenced by the people and the world around us—and sometimes we’re not even aware of what that influence is.

It feels a bit simplistic to say that, above all, what you want and think is right is the most important thing—but it’s actually true. In the end, you are the one who benefits from your positive decisions, and you’re the one who has to deal with the negative consequences if there are any. So no matter what you hear, or what you think you know about others, you have the right to think and make decisions for yourself.”

Explain to students that they do not always have to be alone when making important decisions, including decisions about sex and sexuality, and that finding trusted adults in their life that they can talk to is very important. The “*Values and Beliefs Interview*” homework assignment will help them think about which adults in their life they can talk to about sex and sexuality and a brief interview with this person will help them begin the steps to creating open and honest communication. (12 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The worksheet activity and paired discussion will achieve Learning Objectives 1 and 2, and the brainstorm and discussion relating to other influences will achieve Learning Objective 3.

HOMEWORK:

The “*Values and Beliefs Interview*” homework sheet, in which students select a trusted adult to interview about their beliefs on sex and sexuality and begin a conversation about these topics.

Considering Others' Opinions

Name _____ Date _____

When making decisions about sex and sexuality, it can be really useful to hear what other people have to say. (Then again, sometimes it's not!) Who would you talk with, and what would you expect them to say?

In the table below, write some of the messages you would expect to hear from these key people in your life. Feel free to write in their names to help you focus on one specific person if you have several people that could fit in the same column. If you don't have one of these categories of people in your life, just leave it blank, or you can change it to a category that's not here.

	PARENT/ CAREGIVER	SIBLING	PARTNER/ BF/GF	BEST FRIEND	RELIGIOUS/ FAITH LEADER	OTHER?
1. Whether you should ask out or go out with someone that you've liked for a long time						
2. Whether you're ready to have sex						
3. Which types of safer sex or birth control/contraceptive methods to use						
4. Whether it's weird that you want to wait to have sex						
5. What you or a partner should do about an un-planned pregnancy						
6. Whether you should get tested for STIs before starting a new relationship						

Values and Beliefs Interview

Homework (HS-11)

Name _____ Date _____

Instructions: Think about the adults in your life that you might be able to talk to about important things, like sex and sexuality. Pick someone such as a parent, caregiver, family member, teacher or mentor to interview about their thoughts and feelings about sex and relationships. This interview might start a conversation about your own thoughts, feelings, values and beliefs and might lead to more conversations in the future.

Ask your trusted adult:

1. Briefly describe the messages that your parent(s)/caregivers gave you about the following topics:
 - Sexuality
 - Women
 - Men
 - Heterosexual (Female/Male) Relationships
 - Same Sex Relationships
 - Premarital Sex
 - Birth Control
 - Teenage Pregnancy
 - STIs and HIV/AIDS
2. How do you feel about your parent(s)/caregivers(s) messages? Do you agree with these messages now? Disagree?
3. If your own values and beliefs are different from your parent(s)/caregiver(s)' values and beliefs about these topics, what do you think caused the difference in beliefs?
4. What messages would you like your own child (or me) to receive? What changes might you make?
5. If your values and beliefs are different than my own, how would you feel if I came to you for advice on one of these topics?
6. What advice could you give me, based on your own experiences and reflections, on how I can become a healthy adult and have healthy relationships?

Teens Rights to Reproductive and Sexual Health Services

What are my rights to birth control, HIV and STD testing, and privacy?

Young people's access to birth control, confidential visits with a healthcare provider, and HIV and STD testing vary from state to state. Visit www.plannedparenthood.org to find your nearest Planned Parenthood clinic. Or Google your state, county, and/or community name and "Health Department" to find a local health department clinic.

In some states a doctor may have the right to inform your parents of the services they have provided you. Find the law in your state by visiting www.sexetc.org/state

But, clinics that receive a certain type of government funding are required by law to offer confidential services, including HIV and STD testing and prescriptions for birth control, to all young people. Over 4,600 clinics nationwide receive this type of funding. That means that Planned Parenthood clinics, and many state and local health departments, hospitals, community health centers, and independent clinics all offer confidential services. Some services offered by these clinics include:

- Pelvic exams and pap tests
- Safer sex counseling
- Prescriptions for birth control
- Administering Depo-Provera (the shot) or inserting an IUD
- Counseling about abortion and abortion services

Many clinics offer free or reduced services, and you can pay in cash. If you pay for your bill by using your family's health insurance, the bill may be sent to your parents and they may see that you have received services.

Some steps to make sure your visit is private are:

- Call the clinic or healthcare provider before you go to learn what their policies are.
- Tell the clinic staff how to contact you personally without your parents' knowledge.
- Ask about reduced pricing, and pay in cash.

Can I get emergency contraception (aka "EC" or "the morning after pill")?

You can take EC to prevent pregnancy after unprotected or unwanted sex. There are several types of EC products available.

Plan B One-Step® contains a strong dose of the same hormones in regular birth control pills. It is available on pharmacy shelves and can be purchased by women or men, with no ID or age requirement.

The generic version of Plan B One-Step®, NextChoice™, is available from pharmacies without a prescription for young women and young men ages 17 or older. Those under 17 will need a prescription. Girls under 17 can get these products from a health care provider or at Planned Parenthood.

Plan B and NextChoice work best 12 hours after sex but can work up to three days after sex.

ellaOne® has a different active ingredient than other EC products. It works up to five days after unprotected sex or sexual assault and requires a prescription from a health care provider.

How can I get a pregnancy test?

You do not need a prescription from a health care provider to get a pregnancy test. You can purchase a pregnancy test from a drugstore, grocery store, or online. They cost between \$10 and \$18. You can also get a pregnancy test at a clinic.

Where can I get condoms?

You can get condoms for free at most clinics but you can also purchase them at any drug store regardless of how old you are. Condoms cost between \$5-\$20 per box.

How can I talk about condoms and contraception with my partner?

It can be hard to talk to a partner about condoms and contraception. But unprotected sex puts you both at risk. Here are a few tips to make the conversation a success:

Know what you want and don't want. Don't engage in any sexual behavior that makes you uncomfortable, but always protect yourself. Remember, the more you engage in safer sex practices, the less your risk of STIs and pregnancy.

Discuss abstinence, sex, and safer Sex. Be honest about your sexual history and your sexual health. Discuss and make mutual decisions on your safer sex options. Go together to get tested for sexually transmitted infections (STIs). Educate yourself about safer sex options and make sure you are prepared to discuss them.

State what you want, and don't want, clearly. Don't be afraid! You have the right to protect yourself and to state your needs. If your partner doesn't respond in a supportive way, then think about the relationship as a whole and if your partner respects and cares about you. No one should ever ask you to compromise your health and well-being!

Advocates for Youth

Established in 1980 as the Center for Population Options, Advocates for Youth champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Advocates believes it can best serve the field by boldly advocating for a more positive and realistic approach to adolescent sexual health.

If you would like more information about contraceptive access or methods of contraception, visit www.amplifyyourvoice.org/issues/contraceptiveaccess

Check out Advocates for Youth's websites:

Advocates for Youth
www.advocatesforyouth.org

Amplify
An online youth activism hub with information, resources, and advocacy opportunities
www.amplifyyourvoice.org

MySistahs
Information and support by and for young women of color
www.mysistahs.org

YouthResource
Information by and for gay, lesbian, bisexual, transgender, and questioning youth
www.youthresource.org

Did you know? A sexually active teen who does not use birth control has a 90% chance of becoming pregnant in the first year.

Advocates for Youth shall not be liable for any direct, indirect, incidental, consequential, or any other damages resulting from the use of the information contained herein.

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 **Advocates
for Youth**
Rights. Respect. Responsibility.

respect yourself protect yourself

birth control and STD prevention
options for teens



Rights. Respect. Responsibility.

how well do they work?

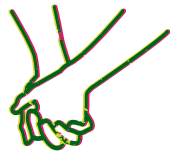
METHODS YOU CAN USE TO PREVENT PREGNANCY

PREVENTING PREGNANCY AND STDs, INCLUDING HIV

the only methods you can use that prevent pregnancy AND reduce the risk of STDs, including HIV:

abstinence

100% EFFECTIVE
in preventing pregnancy and STDs, including HIV when used consistently and correctly every time



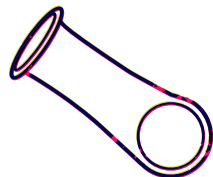
male condom

98% EFFECTIVE
against pregnancy, **99% EFFECTIVE** against HIV, and also reduces the risk of many other STDs when used consistently and correctly every time



female condom

95% EFFECTIVE
against pregnancy and may reduce the risk of STDs, including HIV, when used consistently and correctly every time



did you know?

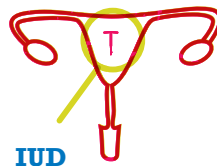
Dental dams as a barrier between the mouth and genitals may reduce the risk of getting an STD, including HIV, through oral sex.

Remember to use your protection method each and every time you have sex.

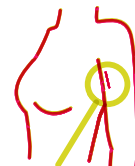
PREVENTING PREGNANCY

MORE EFFECTIVE

Less than 1/100 women will get pregnant in one year using these methods



IUD



implant

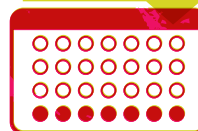
With typical use, less than 8/100 women will get pregnant in one year using these methods

* GET REPEAT INJECTIONS ON TIME.



Depo; the Shot

* TAKE A PILL EACH DAY.



pills

* KEEP IN PLACE, CHANGE ON TIME.



ring



patch

WHEN USED CORRECTLY AND EVERY TIME LESS THAN 1/100 WOMEN WILL GET PREGNANT USING THESE METHODS IN ONE YEAR

With typical use, between 15/100 and 21/100 women will get pregnant in one year using these methods

* USE CORRECTLY EVERY TIME YOU HAVE SEX.



male condom



diaphragm



female condom



sponge



cervical cap

CERVICAL CAP AND SPONGE ARE LESS EFFECTIVE FOR WOMEN WHO HAVE GIVEN BIRTH.

WHEN USED CORRECTLY AND EVERY TIME

2/100

6/100

5/100

9/100

WOMEN WILL GET PREGNANT USING THESE METHODS IN ONE YEAR

LESS EFFECTIVE

With typical use about 29/100 women will get pregnant in one year using these methods



* USE CORRECTLY EVERY TIME YOU HAVE SEX.

spermicide



withdrawal

WHEN USED CORRECTLY AND EVERY TIME

18/100

4/100

WOMEN WILL GET PREGNANT USING THESE METHODS IN ONE YEAR

LEAST EFFECTIVE

85/100 women will get pregnant in one year using no method



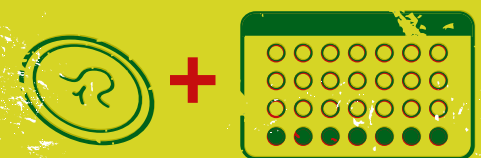
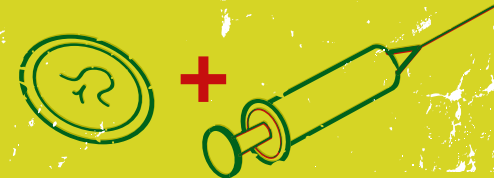
vaginal-penile sex without protection

Be prepared! Use protection the first time you have sex.

Find a method you like and stick with it.

two methods are better than one

(for example a condom and the patch or a condom and the pill).



One method is better than none!

Both you and your partner are responsible for protection.